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COUNTY OF AYR



ANNUAL REPORT

BY

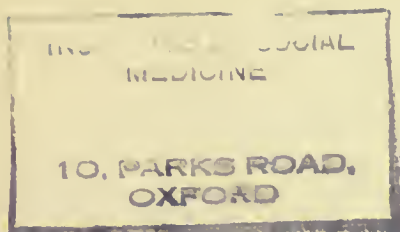
THE MEDICAL OFFICER OF HEALTH

For the Year 1948

AND

THE SCHOOL MEDICAL OFFICER

For the Year 1948-49



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**To the Department of Health for Scotland
and to Ayr County Council.**

LADIES AND GENTLEMEN,

In accordance with the Local Government (Scotland) Acts and the Regulations of the Department of Health for Scotland, I beg to submit the Annual Report on the Health of the County for the year 1948.

The Vital Statistics were on the whole very favourable. The death rate, 11.1, was the lowest on record. The infant mortality rate was 42; the lowest rate was 41 in 1946. Maternal mortality was 0.9 per thousand live births, the previous lowest being 1.1 in 1946. The tuberculosis death rate equals the lowest previously recorded, namely, 0.44 in 1940. The death rates from pneumonia and influenza were a record low figure. There were no deaths from scarlet, enteric or cerebro-spinal fevers. In the case of diphtheria also there were no deaths for the first year on record. The number of cases of diphtheria which occurred was 17; this compares with 40 in the previous year, which was at that time the lowest for any year. Six cases of poliomyelitis occurred, none being fatal.

The coming into force of the National Health Service (Scotland) Act, 1947, on 5th July, 1948, marked the end of the second period so far as County Health Authorities in Scotland were concerned. The first period began in 1890 under the Local Government (Scotland) Act, 1889, and the second period began on 15th May, 1930, under the Local Government (Scotland) Act, 1929. The time therefore seems appropriate to refer to some of the developments which have taken place during the period of almost sixty years.

Prior to 1889, apart from Burghs, the Public Health Authorities in Scotland were the Parochial Boards, the predecessors of Parish Councils which were formed under the Local Government (Scotland) Act, 1894, and abolished by the Local Government (Scotland) Act, 1929. Parochial Boards had appointed part-time Medical Officers and Sanitary Inspectors for the carrying out of their public health functions. Under the Local Government (Scotland) Act, 1889, every County Council was required to appoint a County Medical Officer who was not to hold any other appointment or engage in private practice without the written consent of the Council. The first County Council in Ayrshire under the Act was formed on 15th May, 1890, and the first County Medical Officer took up duty in 1891.

The Act of 1889 did not constitute the County Council as health authority. It provided that Counties should be divided into landward districts, whose functions included public health. Ayrshire was divided into four districts—Northern, Kilmarnock, Ayr and Carrick. The County Medical Officer was appointed Medical Officer of Health for all the districts.

The County Medical Officer's first concern when he took up duty in 1891 was with water supplies, drainage, scavenging, infectious diseases and fever hospitals. Much of the County obtained its water supply from wells, even for instance such populous places as Glengarnock, Dreghorn, Kilmaurs and Crosshouse. Few of the towns and villages had satisfactory drainage or scavenging systems. It is not, however, intended to give a detailed summary of these purely environmental services, important though they are from the point of view of public health. It is sufficient to say here that there has been throughout the years a continual development of water supplies, drainage and scavenging.

People could put up houses and buildings where and how they pleased. Planning permission, development charges, licences and permits were undreamt of. Indeed, there was no control till the Public Health (Scotland) Act, 1897, gave power to Local Authorities to make bye-laws for new buildings for human habitation.

In 1891 notification of infectious disease was not compulsory. The Infectious Disease (Notification) Act, 1889, was adoptive, and steps were taken to adopt this Act throughout the County, so that infectious diseases became compulsorily notifiable in the landward areas of the County from the beginning of 1892. The Act did not cease to be adoptive until the passing of the Public Health (Scotland) Act in 1897.

One of the principal modes of spread of enteric fever is by means of polluted water supplies. This disease was common, outbreaks occurring in the early years in Glengarnock, Dreghorn, Kilmaurs, and so on. The highest number of cases recorded was in 1893, when 384 were notified with 34 deaths.

During the five years 1892 to 1896 there were notified 1,109 cases of enteric fever, of whom 110 died. By 1925 to 1929 the number of cases had fallen to 85 and the deaths to 4. These figures apply to the landward part of the County only. From 1930 the figures include also the small burghs, the total population dealt with being almost doubled. During the five years 1930 to 1934 the number of cases which occurred was 98, of which 4 were fatal. By 1944 to 1948 these figures had fallen to 29 cases with no deaths. In 1948 there were 3 cases with no deaths. These results were due to improvement of water supplies, drainage and scavenging and to improved supervision of milk supplies.

Diphtheria presents quite a different picture. In his Annual Report for 1892 the County Medical Officer stated—"Diphtheria appears to be a disease which frequently baffles sanitary improvement . . . In spite of improved houses, drainage and water supplies, it shows little signs of abatement. On the contrary it seems to be on the increase all over the country." This prophecy proved to be correct. In the five years, 1892 to 1896, the number of cases was 694, and this number rose to 1,331 in 1925 to 1929. At the same time the deaths fell from 147 to 64, this decrease in mortality being due to improved methods of treatment.

There is reason to believe that in part at least the apparent increase in the number of cases of diphtheria was due to better facilities for diagnosis leading to cases being reported who would previously have been regarded merely as cases of sore throat. The County Laboratory was opened in 1907 in order to make available facilities for the bacteriological examination of cases of infectious disease.

The figures for diphtheria for 1930 onwards include those occurring in the small burghs, and therefore apply to a population almost double that dealt with before that year. During the five years 1930 to 1934 there occurred 2,190 cases of diphtheria with 88 deaths. The worst five-yearly period was from 1933 to 1937, when 3,059 cases occurred with 194 deaths.

In 1935 a scheme was adopted for the voluntary immunisation of children against diphtheria. In 1940 the Department of Health recommended all Local Authorities to introduce similar measures. Such measures do not show immediate results by a great reduction of cases, although they do show reduction in the number of deaths. It is only after the number of protected children has been built up over several years to about 75 to 80 per cent. of the child population that obvious results are obtained.

The number of cases of diphtheria in the five years 1944 to 1948 was 867 with 17 deaths. This, however, only partially shows the improvement. In 1944 the number of cases was already beginning to fall, but it still reached 343 with 6 deaths. In 1948 there were only 17 cases with no deaths. At the date of writing it seems as if the number in 1949 will be even less. Thus a disease which in a single year, 1936, caused 763 cases and 55 deaths has been reduced to negligible proportions. This dramatic result has been achieved by the protection given by diphtheria immunisation.

Scarlet fever is a disease which shows great fluctuation in the number of cases from year to year. Over the years there has been a decrease in cases, although not so marked as in the case of

enteric fever and diphtheria. This is due to the fact that the bacteriology of the disease is not so well known, so that specific means for preventing it are not so readily available.

In ten years, from 1892 to 1901, 7,324 cases of scarlet fever were notified with 228 deaths, and in ten years, 1939 to 1948, with double the population the number of cases was 4,573 with 6 deaths. Thus, although there has been a definite decrease in prevalence, the outstanding feature is reduced severity of the disease. Of every thousand cases in the decade 1892 to 1901, 31 died, while in the decade 1939 to 1948 of every thousand cases only one died.

Typhus fever, a disease associated specially with poverty, malnutrition and dirt, was responsible for 32 cases with 9 deaths during the sixteen years, 1892 to 1907. Since the latter year only one case has occurred, a fatal one in 1920.

Smallpox was responsible for 78 cases with 5 deaths during the thirteen years 1892 to 1904. Since then only occasional cases have occurred—one in 1908, one in 1912, and five in 1920; since 1930 one case has occurred, namely, in Ardrossan in 1942.

There is nothing particular to note regarding the remainder of the diseases which were made compulsorily notifiable in 1892. The Central Department has, however, within the last thirty years added a number of other diseases to the list—for instance, dysentery, malaria, some types of pneumonia, cerebro-spinal meningitis, infantile paralysis, and so on.

The following diseases in the earlier years were classed as zymotic or epidemic diseases—smallpox, diphtheria, scarlet fever, typhus fever, typhoid fever, measles, whooping cough and diarrhoea. In 1891 these diseases were responsible for a death rate of 2.37 per thousand of the population. The corresponding rate for 1948 was 0.14.

Another of the subjects which engaged the attention of the new Public Health Authorities in 1891 was the provision of adequate hospital accommodation for the isolation of cases of infectious disease. Apart from the Clark Hospital, Largs, which was used jointly with the burgh, the accommodation where it existed was very primitive, and mainly provided for the isolation of cases of smallpox. For this purpose there were small hospitals at Kilmaurs, Hurlford and Troon (an old church). The remains of an old building of timber and corrugated iron existed till quite recently at Davidshill Hospital, Dalry; it was apparently the old smallpox hospital. At Dahnellington there was a very small hospital which

was in use for infectious diseases. At Maybole there was a hospital used by the Burgh and adjoining part of the County. Except in the case of the Clark Hospital, which was used as a fever hospital till 1930 and since then as a children's home, these arrangements were soon superseded.

In the Northern District, Davidshill Hospital was built in 1895, being added to in 1899 and 1901. The District Committee and the Burgh of Kilwinning built the Joint Fever Hospital in 1896. A Joint Smallpox Hospital was completed also at Kilwinning in 1904 to serve the Northern District and the contained Burghs—Irvine, Kilwinning, Salcoats, Ardrossan, Largs and Stewarton.

The Kilmarnock District arranged with Kilmarnock for the admission of cases of smallpox to the latter's smallpox hospital. Temporary arrangements were made for other infectious diseases to be treated in Kilmarnock Hospital, which appears to have been the predecessor of the present Infirmary. Consideration of the erection of a district fever hospital was abandoned and ultimately in 1901 arrangements were made with Kilmarnock for the accommodation of cases in the Burgh's fever hospital (Kirklandside), which was occupied a few years later.

In Ayr District the Burgh of Cumnock and adjacent Landward Area was provided for by the erection in 1901 of Cumnock Fever Hospital, which included a corrugated iron building as a smallpox hospital. For the area nearer Ayr in 1892 fifteen beds were temporarily secured in Ayr County Hospital. The erection of a district fever hospital was considered, but ultimately in 1904 an arrangement was made with Ayr Burgh for the use of beds in its new hospital (Heathfield).

In the Carrick District after the abandonment of Maybole Hospital, temporary arrangements were made for the joint use by the Burgh and adjacent Landward Area of seven beds at Ayr County Hospital. Ultimately the joint use of beds at Heathfield Hospital, Ayr, was arranged with Ayr Town Council. In the southern part of the district, Girvan Burgh Fever Hospital was extended in 1906 to become a joint hospital. Dinvin, a hospital of four beds which was erected in 1898 by the District Committee became the joint smallpox hospital for the burgh and district.

In 1891 the death rate from tuberculosis was 2.68 per thousand of the population. In 1930 the death rate was 0.75 and in 1948 the landward rate which compares with the above was 0.42 or 0.44 if the small burghs are included.

From his earliest reports the County Medical Officer pressed for action to be taken with regard to tuberculosis. As a result from March, 1907, tuberculosis of the lungs became voluntarily notifiable in the County, and in that year negotiations were undertaken by the District Committees in conjunction with the Burghs for the acquisition of Glenafton Sanatorium, New Cumnock, which had been founded by voluntary effort in 1904. The Sanatorium was acquired and enlarged to 40 or 45 beds in 1909. In the same year a Joint Sanatorium Board was formed representative of all the combining authorities.

It was not till the summer of 1912 that tuberculosis of the lungs became compulsorily notifiable throughout Scotland by Regulations made by the Local Government Board for Scotland. The twenty Public Health Authorities in the County combined to form a Joint Tuberculosis Committee. The Sanatorium Board still remained to administer Glenafton. Although the membership was the same as that of the Joint Committee, the two bodies at times had serious differences.

The Joint Committee's policy in 1912 included (1) the extension of Glenafton Sanatorium to 82 beds, which was carried out in 1914; (2) the use of Kaimshill Smallpox Hospital of Kilhuarnock Town Council, which was early arranged; (3) the erection of a tuberculosis pavilion at Heathfield Hospital, Ayr, which was completed during the 1914-18 war; and (4) the use of Kilwinning Joint Smallpox Hospital, which was not actually put into use till 1931.

As a result of these proposals all the Local Authorities, except the Carrick District and Troon, made arrangements with Ayr Burgh for the use of Crofthead Smallpox Hospital in case of necessity.

In July, 1914, non-pulmonary tuberculosis was made notifiable. No beds were provided for treatment but ultimately use was made of a private institution, St. Andrew's Home, Millport.

In 1891 the infant mortality was 116 per thousand live births. The County Medical Officer reported—"For healthy rural districts 100 deaths of infants under one year of age per 1,000 births may be considered a fair average." In 1930 the infant mortality for the Landward Area was 68 and in 1948 it was 42.

Maternity and Child Welfare Schemes became an official policy (in 1918) in connection with the Notification of Births (Extension) Act, 1915. A Joint Committee was formed of all the Public Health Authorities in the County with the exception of

Ayr, Kilmarnock and Irvine. The scheme was for the health of expectant and nursing mothers and of children under five years of age.

The policy adopted was that health visiting should be carried out by district nurses and arrangements were made with Nursing Associations accordingly. Four whole-time health visitors became necessary to cover parts of the County where there were no district nurses or where Nursing Associations were unable to co-operate. Child Welfare Centres were provided in hired premises in various towns and villages.

At the same time the Joint Committee administered the duties in connection with the supervision of midwives for which Local Authorities were made responsible under the Midwives (Scotland) Act, 1915.

The Maternity and Child Welfare Act, 1918, gave power to provide hospitals and the Joint Committee acquired Seaford House, Ayr, which had been used as a Red Cross Hospital during the war. The necessary adaptations were carried out, and it was opened in 1921 as a maternity hospital of 12 beds and a children's hospital of 24 beds.

Under the Local Government (Scotland) Act, 1929, the four County Districts were abolished and all their powers were transferred to the new County Council. At the same time the major health functions were transferred from small burghs to County Councils, including control of infectious diseases and tuberculosis, maternity and child welfare and the provision of hospitals.

The County Council thus became possessed of :—

(a) Infectious Diseases Hospitals—

Clark Hospital, Largs ;
 Davidshill Hospital, Dalry ;
 Springvale Hospital, Saltcoats ;
 Kilwinning Hospital ;
 Irvine Hospital ;
 Stewarton Hospital ;
 Cumnock Hospital ;
 Girvan Hospital ;
 Troon Smallpox Hospital ; and
 Dinvin Smallpox Hospital ;

(b) Tuberculosis Institutions—

Glenafton Sanatorium, New Cumnoek ;

Kilwinning Smallpox Hospital, then in process of adaptation to a Sanatorium ;

(c) Maternity and Child Welfare—

Seafield Hospital, Ayr.

It was evident that the treatment of infectious diseases could not be efficiently provided for in eight small hospitals with accommodation varying nominally from 4 to 22 beds. From the summer of 1930 the County Council had before it the provision of a larger hospital centrally placed, but all new public works were at that time banned because of a national financial crisis.

It was not till 1935 that it was finally decided to provide near Irvine a hospital to replace the eight small hospitals, and to combine with it a sanatorium to replace Kilwinning Sanatorium and a Maternity Hospital to replace the maternity part of Seafield Hospital, both of these having been proved inadequate. Thus the Central Hospital came to be built. This hospital was commenced in 1937. The infectious disease unit was opened in 1941, the tuberculosis unit in 1943, and the maternity unit in 1944.

On 5th July, 1948, therefore the County Council handed over to the Western Regional Hospital Board :—

The Central Hospital, Irvine, with the following accommodation—Infectious Diseases, 218 ; Tuberculosis, 94 ; and Maternity, 101 ;

Glenafton Sanatorium, New Cumnoek (100 beds) ;

Seafield Children's Hospital, Ayr (100 beds) ;

Kilwinning Maternity Home (24 beds) ;

Drumley Ante-Natal Home, Annbank (17 beds) ;

Cumnoek Fever Hospital, which was still used for its original purpose, although the County Council had decided to adapt it as a Maternity Home.

None of the hospitals acquired in 1930 was a training school for nurses, but the following training schools were handed over to the Regional Board :—

(a) For the Fever Certificate of the General Nursing Council for Scotland—the Central Hospital ;

- (b) For the Sick Children's Certificate of the General Nursing Council for Scotland—Seafield Hospital;
- (c) For the Certificate of the Tuberculosis Association—Glenafton Sanatorium and Central Hospital;
- (d) For the Certificate of the Central Midwives Board for Scotland—The Central Hospital.

At the same time there were transferred to the Regional Hospital Board certain specialist services which were based on the hospitals and had been built up since 1930.

Under Maternity and Child Welfare Schemes the emphasis was at first placed on the children under five years. Maternal mortality is not mentioned in the reports of the County Medical Officer till 1926. In 1931 the first ante-natal clinic was started—at Irvine—and by 1948 eight clinics were in operation. These clinics, however, remain services of the County Council.

In 1937 a full-time obstetrician was appointed to take charge of the maternity part of Seafield Hospital and to act as consultant to general medical practitioners. In this connection he organised a mobile team, in the main a blood transfusion team, to treat cases in emergency in their own homes.

For the care of new-born infants in the maternity hospital and to take charge of the medical wards in the Children's Hospital a whole-time paediatric specialist was appointed in 1944.

Crofthead Smallpox Hospital was utilised from 1937 for ear, nose and throat work in children under a part-time specialist, and this work was transferred to and extended at Seafield Hospital when this became a children's hospital in 1944 on the transfer of the maternity work to the Central Hospital.

Based on the children's hospital an orthopaedic service for children was set up with in-patient beds. This service was in charge of a part-time orthopaedic surgeon from Glasgow and a whole-time physiotherapist was appointed to work with him.

On the tuberculosis beds and special clinic premises becoming available at the Central Hospital, the opportunity was taken of placing the tuberculosis work there along with that at Glenafton Sanatorium under one whole-time specialist, so as to co-ordinate the work of treating tuberculosis.

Specialist clinics were run in connection with all these services.

These specialist services were transferred with the hospitals to the Western Regional Hospital Board in July, 1948, and all the specialists concerned have since been recognised as such by that Board.

While it may fairly be claimed that public health measures have been responsible for the decrease in cases and deaths from such diseases as enteric fever and diphtheria, other factors—such as decreased poverty and better economic conditions—have also had an influence in the decrease of infant and maternal mortality and also of mortality from tuberculosis.

I have the honour to be,

Your Obedient Servant,

C. A. BIGNOLD,

Medical Officer of Health.

COUNTY BUILDINGS,
AYR, FEBRUARY, 1950.

*Note :—*When this Report was going to the printers particulars became available regarding certain of the statistics for 1949. The birth rate was 19·0. The death rate was 11·1, the same as in 1948 which was the lowest then recorded. The total tuberculosis death rate was 0·37 the lowest of which there is record, and compares with the previous lowest 0·44 in 1940 and 1948. The infantile mortality rate was 34, the previous lowest being 41 in 1946. The maternal mortality rate was 0·9, the same as in 1948 which was the lowest then recorded. Among infectious diseases 7 cases of diphtheria were notified, two of them occurring among visitors at a holiday camp. The number of cases of enteric fever was 4. The number of cases of cerebro-spinal meningitis was 5, the lowest since 1930.

REPORT OF MEDICAL OFFICER OF HEALTH.

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County Medical Officer's Report.

1948.

I.—VITAL STATISTICS.

Population and Area.—The Registrar General has estimated the population of the Landward Area and Small Burghs as 236,763, or 799 more than in 1947 and 26,429 more than at the last census in 1931.

Births.—The live births registered after correction for transfers were 4,574, equivalent to a birth-rate of 19·3, as compared with 21·8 in the preceding year. The rates for previous years of which I have record are :—

1916-20—Average Birth-rate...	...	...	...	25·9
1921-25	„	„	...	22·1
1926-30	„	„	...	18·5
1931-35	„	„	...	18·6
1936-40	„	„	...	18·2
1941-45	„	„	...	18·1
1946	„	„	...	19·9
1947	„	„	...	21·8
1948	„	„	...	19·3

The number of still-births registered after correction for transfers during the year was 111, giving a rate of 24 per thousand total births. The number of still-births registered since still-births first became registrable in 1939 with the corresponding rates per thousand total births are as follow :—

				<i>Still-Births.</i>	<i>Rate per thousand total Births.</i>
1939	...	...	...	165	41
1940	...	...	...	165	39
1941	...	...	...	192	41
1942	...	...	...	145	32
1943	...	...	...	153	32
1944	...	...	...	142	31
1945	...	...	...	134	32
1946	...	...	...	139	29
1947	...	...	...	193	36
1948	...	...	...	111	24

The details applicable to individual Burghs are given in Table I.

Deaths.—The deaths registered after correction for transfers were 2,623, which is equivalent to a death-rate of 11·1, as compared with 11·9 in 1947. The following are the figures so far as they are available for preceding years :—

1916-20—Average Death-rate	...	...	...	14·6
1921-25 " "	...	...	...	11·5
1926-30 " "	...	...	...	11·2
1931-35 " "	...	...	...	12·5
1936-40 " "	...	...	...	12·8
1941-45 " "	...	...	...	12·1
1946 " "	...	...	...	11·4
1947 " "	...	...	...	11·9
1948 " "	...	...	...	11·1

Table I. shows the mortality in the County Area and Burghs during the year, and Table III. gives similar figures of deaths at different ages with the percentages of the total deaths.

Infantile Mortality.—The number of infants under one year who died during the year was 191, equivalent to an infantile mortality rate of 42, as compared with 44 during the preceding year. The following are the figures for previous years so far as they are available :—

1916-20—Average Infantile Mortality...	...	...	94
1921-25 " " "	...	...	89
1926-30 " " "	...	...	74
1931-35 " " "	...	...	73
1936-40 " " "	...	...	71
1941-45 " " "	...	...	63
1946 " " "	...	...	41
1947 " " "	...	...	44
1948 " " "	...	...	42

Deaths from Infectious Diseases.—The deaths which occurred from the ordinary infectious diseases were 6 from measles and 2 from whooping cough. There were no deaths from diphtheria, enteric fever or cerebro-spinal fever.

Deaths from Tuberculous Diseases.—The deaths from respiratory and other forms of tuberculosis were 83 and 20 respectively, giving a death-rate of 0·35 and 0·09. The corresponding figures for the previous year were deaths 92 and 31, and death-rates 0·39 and 0·13.

The following are the average deaths-rates so far as they are available :—

			<i>Respiratory Tuberculosis.</i>	<i>Other forms of Tuberculosis.</i>	<i>Total</i>
1916-20	...	...	·79	·44	1·23
1921-25	...	...	·52	·28	·80
1926-30	...	...	·45	·24	·69
1931-35	...	...	·38	·19	·57
1936-40	...	...	·36	·13	·49
1941-45	...	...	·37	·17	·54
1946 ...	...	...	·41	·17	·58
1947 ...	...	...	·39	·13	·52
1948 ...	...	...	·35	·09	·44

Deaths from Pneumonia.—There were 73 deaths from pneumonia, equivalent to a death-rate of 0·31. During the previous year the deaths were 83, equal to a death-rate of 0·35. The following are the average death-rates from pneumonia since 1931 :—

1931-35	...	...	·67	1946...	...	...	·36
1936-40	...	...	·63	1947...	...	...	·35
1941-45	...	...	·46	1948...	...	...	·31

Deaths from other Diseases of the Respiratory System.—There were 121 deaths recorded from this group of diseases, which includes all the diseases of the organs of respiration except pneumonia, pulmonary tuberculosis and membranous eroup. These figures are equivalent to a death-rate of 0·51, the same rate as for the previous year.

Deaths from Influenza.—The deaths due to influenza numbered 8, giving a death-rate of 0·03. During 1947 the deaths were 18 and the death-rate 0·08. The following are the death-rates from influenza since 1930 :—

1930	...	...	·74	1940...	...	...	·36
1931	...	...	·27	1941...	...	...	·13
1932	...	...	·88	1942...	...	...	·04
1933	...	...	·38	1943...	...	...	·12
1934	...	...	·08	1944...	...	...	·06
1935	...	...	·31	1945...	...	...	·05
1936	...	...	·12	1946...	...	...	·16
1937	...	...	·57	1947...	...	...	·08
1938	...	...	·10	1948...	...	...	·03
1939	...	...	·23				

Deaths from Cancer.—The deaths from cancer were 392, which is equivalent to a death-rate of 1·66, as compared with 1·57 in the previous year.

The following are the average death-rates from cancer for a number of years :—

1931-35	...	...	1.28	1946...	...	...	1.55
1936-40	...	...	1.48	1947...	...	...	1.57
1941-45	...	...	1.58	1948...	...	...	1.66

Deaths from Diseases of the Nervous System.—This group of diseases, which includes such causes as cerebral hæmorrhage, apoplexy, etc., accounted for 360 of the deaths occurring in the area, being a death-rate of 1.52, as against 1.83 in the preceding year.

Deaths from Diseases of the Digestive System.—The deaths were 118, equivalent to a death-rate of 0.50, as compared with 0.46 in the preceding year.

Deaths from Diseases of the Circulatory System.—The number of deaths ascribed to diseases of the heart and other organs of circulation was 858, giving a death-rate of 3.62, as compared with 4.06 in the previous year.

Deaths from Diseases and Accidents of Pregnancy and Parturition—The maternal mortality rate in 1948 was 0.9 per thousand live births, which compares with 1.5 for Scotland as a whole during that year. The maternal mortality rates for the County during the period 1930 to 1948 were as follow :—

1930	...	...	...	9.8	1940...	...	...	4.5
1931	...	...	...	6.7	1941...	...	...	3.8
1932	...	...	...	6.6	1942...	...	...	3.3
1933	...	...	...	6.9	1943...	...	...	2.0
1934	...	...	...	5.7	1944...	...	...	1.8
1935	...	...	...	5.0	1945...	...	...	1.2
1936	...	...	...	6.8	1946...	...	...	1.1
1937	...	...	...	4.7	1947...	...	...	3.9
1938	...	...	...	4.7	1948...	...	...	0.9
1939	...	...	...	2.8				

II.—LOCAL HEALTH AUTHORITY FUNCTIONS.

The National Health Service (Scotland) Act, 1947, took from the County Council certain of the functions which were given to it as a "major health authority" under the Local Government (Scotland) Act, 1929. It is sufficient to state that these functions include the provision of hospitals and the treatment of the sick in them, and specialist clinics and services. An Act, which among

other matters was intended to co-ordinate many health provisions, has in fact created new gaps, the closing of which depends on administrative action and on the good relations between those administering and employed in the now disassociated services. The Medical Officer of Health can no longer specify the tests of non-infectivity to be applied before a case of infectious disease is discharged from hospital into his area. Under the Maternity Services (Scotland) Act, 1937, major health authorities were empowered to provide a domiciliary maternity service consisting of medical practitioner, midwife and, if necessary, specialist; they already had power to provide hospital treatment under the Maternity and Child Welfare Act, 1918. This single service has now been split into three—the hospital and specialist service is provided by Regional Hospital Boards, the medical practitioner by Executive Councils, and the midwife by Local Health Authorities. Moreover, the new Health Service has had most unfortunate repercussions on the dental and ophthalmic services provided by Education Authorities for school children.

While depriving the County Council of some of its principal health functions, the National Health Service (Scotland) Act bestowed upon it a new title—Local Health Authority. The Council's functions under this title include certain new functions and the extension of certain old ones. The Council's health functions are now divided into four sections—(a) those of a Local Health Authority; (b) the remaining functions of a Major Health Authority; (c) those of a Minor Health Authority, and (d) those of an Education Authority. Functions under (a) and (b) apply to the Landward Area and Small Burghs, those under (c) apply to the Landward Area only, and those under (d) apply to the whole County, including large and small burghs.

By the end of 1948 it was not possible to do more than take preliminary steps regarding the proposals approved by the Secretary of State concerning the functions under the National Health Service Act. In the same way certain of the services could be handed over only gradually to the new hospital administration. For instance, arrangements for admissions to Seafield Children's Hospital had previously been made by the Central Office and these arrangements could not be handed over on the appointed day; the process was a gradual one. The South Ayrshire group of hospitals had neither a medical administrative officer or a steward for the group, so that the administration of the County Council's hospitals included in this group and their supplies were continued as before for some months after the appointed day. The North Ayrshire group were, however, in a better position to take over completely at once.

1. Care of Mothers and Young Children.

The proposals provided for the appointment of a Welfare Officer specially for the care of unmarried mothers. This post was advertised but no appointment was made until the beginning of the following year. Otherwise with a few modifications the arrangements were the same as in the preceding year.

(a) **Ante-natal and Post-natal Clinics.**—The number of clinics was the same as in the preceding year. The new clinic at Largs was under construction but during the year the work was carried out in the Red Cross Hut. The work at Irvine was carried out at the Central Hospital by the County Council's Medical Officer and the school clinic was still in use at Salteoats. The work of adaptation of the former first-aid posts at these two places was progressing.

	<i>Ante-natal.</i>	<i>Post-natal.</i>
(i) Number of clinics at end of year provided by Local Health Authority ...	8	8
(ii) Number of clinics at end of year provided by Voluntary Bodies ...	None	None
(iii) Number of women who attended at clinics during the year ...	733	499

(b) **Child Welfare Clinics.**—Two were added to the number towards the end of the year. A clinic attended on alternate weeks by the doctor was held in the Red Cross Hut at Largs and a monthly clinic in hired premises at West Kilbride. The premises being provided for ante-natal purposes at Irvine, Largs and Salteoats will, when available, be used for child welfare purposes also. The former first-aid post at Kilwinning was also under reconstruction, although it was not ready for occupation. Former civil defence premises at Dalry were adapted and taken into use during the year. Arrangements were made with the paediatrician of the Regional Hospital Board for the use of the clinic premises at Cumnoek for the purposes of a specialist clinic.

(i) Number of clinics at end of year provided by Local Health Authority ...	...	...	35
(ii) Number of clinics at end of year provided by voluntary bodies ...	...	...	None

(iii) Number of children under 5 years of age who first attended at the clinics during the year and who on the date of their first attendance were—

(a) Under one year of age 4,029

(b) Over one year of age 1,413

(iv) Total number of attendances during the year made at the clinics by children who at the end of the year were—

(a) Under one year of age 37,593

(b) Over one year of age 7,615

(c) **Dental Care.**—The proposals approved by the Secretary of State provide for the appointment of four dental surgeons specially for the care of the teeth of mothers and young children, along with the provision of two mobile clinics. In view of the fact that it has not been possible to maintain the staff for the dental care of school children, no steps were taken to advertise for dentists for this purpose. The school dentists undertook a very limited amount of work, such as could be undertaken without interfering with their primary duty. The following is a summary of this work :—

	<i>Expectant and Nursing Mothers.</i>	<i>Pre-School Children.</i>
(i) Number inspected by dental officers ...	23	83
(ii) Number found to require treatment	23	39
(iii) Number accepting treat- ment	23	17
(iv) Number actually treated by dental officers ...	23	15

(d) **Mother and Baby Homes.**—No such homes are provided either by the health authority or by voluntary organisations.

(e) **Day Nurseries.**—No day nurseries are provided by (i) the local health authority, (ii) voluntary bodies, or (iii) firms of manufacturers.

(f) **Residential Nurseries and Children's Homes provided as part of Authority's arrangements under Section 22 of the National Health Service (Scotland) Act.**—The conversion of Kilwinning Hospital as a nursery had not been commenced. It is the intention to use Kilwinning for infants and toddlers under two years of age and Irvine for toddlers of two years and under five years. The primary purpose is the accommodation of infants and young children of unmarried mothers who require to work to maintain themselves and their children.

	<i>Name and Address of Nursery or Home.</i>	<i>Whether Long Stay or Short Stay.</i>	<i>Number of Beds provided at the end of the year.</i>		
			<i>Age 0-2</i>	<i>Age 2-5</i>	<i>Others.</i>
(i) Maintained by Local Health Authority ...	Residential Nursery, Irvine.	Long Stay.	24	24	None
(ii) Maintained by Voluntary Organisation	None	—	—	—	—

2. Midwifery.

From the appointed day the Maternity Service Scheme, which had been in operation since 1st March, 1939, came to an end owing to the repeal of the appropriate sections in the Maternity Services (Scotland) Act, 1937. On the request of the Local Medical Committee through the Executive Council, the issue of the maternity record books previously in use was continued so long as the supply lasted. Towards the end of the year the Executive Council forwarded a supply of a modified book which at the request of that Council have been issued to doctors ever since.

Under the Maternity Service Scheme the services of the district nurses were utilised as midwives and this arrangement is being continued under the new provisions. The proposals approved by the Secretary of State involve the taking over of the district nursing service from the Nursing Associations, and the increase of the district nurses ultimately to 112. This is dealt with more fully under "Home Nursing."

The proposals provide for analgesia to be administered by midwives and in order to provide for this four dozen gas and air apparatus were obtained. Few of the district nurses, however, were qualified to give this treatment. While this is now part

of the training of a midwife, it was not so until very recently. The result is that most of the district nurses have to obtain a special certificate of efficiency, after attending certain lectures and having the prescribed practical experience. Arrangements were made with the Maternity Unit of the Central Hospital for this training to be given to the district nurses in batches. The time which it will take to have all the nurses trained depends not only on their release from their normal duties but also on how many cases can be made available in hospital for their training taking into account the fact that enough cases must be reserved for the training of pupil midwives at the hospital.

The following are the statistics regarding Midwifery in the form prescribed by the Department of Health :—

	<i>Before 5/7/48.</i>	<i>Remainder of year.</i>
(a) (i) Total number of births (including still-births) occurring in the area during the year—that is before correction for mother's residence ...		4,484
(ii) Number of (i) notified under the Notification of Births Acts	2,302	2,073
(b) Number of births in (a) (ii) classified to show type of case and whether doctor present at confinement—		
(i) Cases dealt with under Maternity Services (Scotland) Act, 1937—		
(a) Doctor present at confinement	196	—
(b) Doctor not present ...	575	—
(ii) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947—		
(a) Doctor engaged and present at confinement	—	178
(b) Doctor engaged but not present	—	495
(c) Midwife alone (no doctor engaged) ...	—	—

(iii) Other domiciliary cases—

(a) Doctor engaged	...	...	108	68
(b) Midwife alone (no doctor engaged)	...	...	60	39
(c) Conducted by outdoor staff of institution	...	...	—	—
(d) Without doctor or midwife...			1	—
(iv) Cases attended at institutions (including private maternity and nursing homes) <i>in the area of the Local Health Authority</i>				
	...	...	1,362	1,293

3. Health Visiting.

When the Maternity and Child Welfare Scheme was started the policy adopted was to employ as health visitors the district nurses who were already known to mothers in their districts. With few exceptions, therefore, district nurses have been the health visitors and school nurses for many years. The exceptions to this policy were due to the inability of the Nursing Associations concerned to undertake the work. There were for this reason three whole-time health visitors, namely, for child welfare in Darvel, Newmilns and Galston, with the parishes of Galston and Loudoun, for child welfare and school nursing in the parish of Dalmellington, and for child welfare and school work in the Burgh of Irvine. In addition there was a school nurse for the schools in Ardrossan, Saltcoats and Stevenston.

Under the proposals approved by the Secretary of State as the opportunity occurs all the health visiting and school nursing will be undertaken through the district nursing service. No change became possible, however, by the end of 1948.

The following statement shows the visits paid by health visitors during the year and the statement is made up so far as possible in accordance with the model form prescribed by the Department of Health. No visits are shown to expectant mothers because these visits are paid by the district nurses in their capacity as midwives. No requests were received from private practitioners for the services of a health visitor. In a scheme such as is in force in the County the medical attendant is in constant touch with the

health visitor in her capacity as district nurse, and is thus able to make such requests to the nurse direct. Such a request would no doubt be for continued supervision after further medical treatment becomes unnecessary, and such a case has been nursed by the district nurse during the illness. A number of requests were received from hospitals for the nurses to continue treatment at home. Such requests are usually received from maternity hospitals or from the children's hospital; in the latter case they are usually from the ear, nose and throat surgeon, and the request is for the district nurse to syringe ears and instil drops according to the instructions given. These are regarded as nursing visits and are included as such in the following section:—

	<i>Number visited for first time, excluding cases visited during the previous year and cases known to have previously been visited in another area.</i>	<i>Total Visits.</i>
(a) Local Health Authority Services—		
Expectant Mothers ...	—	—
Infants	4,632	34,803
Children (1-5 years) ...	4,978	36,071
Cases of Tuberculosis ...	317	3,943
Other Cases	—	—
(b) School Health Service—		
Follow-up Work ...	2,636	4,048
(c) Other Services—		
Cases visited at request of general practitioner	—	—
Cases visited at request of hospital organisation	—	—

4. Home Nursing.

Prior to the appointed day there were 48 District Nursing Associations employing 69 district nurses and, in addition, a County Association employing a nursing superintendent with an assistant. By arrangement these associations through their nurses undertook the midwifery work under the Maternity Services Scheme and most of them had for many years undertaken the child welfare, health visiting and school nursing in their districts. The county superintendent acted as superintendent health visitor and school nurse and assistant inspector of midwives.

It was decided to continue this system and to extend it as opportunity occurs to the few areas where it does not operate. The advantage is that it does not become possible for a house to be visited by several nurses for different purposes at the same time. Thus annoyance to the household is avoided and economy in staff is secured. Moreover, the district nurse as midwife supervises the mother during her pregnancy and attends her at her confinement and during her puerperium; as health visitor she advises the mother during the child's infancy and at the toddling stage; as school nurse she supervises the school child; and as district nurse she nurses the child and other members of the family during illness.

In order to provide a full and efficient service of midwifery, health visiting and home nursing, it was decided that the number of district nurses should be increased to 112, and the number of assistant superintendents to three. At the same time it was realised that it was useless to endeavour to increase the number of staff unless good living conditions were obtained. While in some districts conditions were good, in others, nurses were accommodated in lodgings—bed-sitting rooms and the like—which were frequently liable to change. It was decided that each district should be provided with a nurse's house, consisting of sitting-room, bathroom, kitchen or kitchenette and clinical room, with a bedroom for each nurse under the extended scheme and a spare room for a relief nurse.

While some districts had the advantage of a car, in others the district nurses, even in large districts, were dependent on bicycles and a limited number of hires. It was decided that every district should have at least one car.

It was realised that it would not be practicable to ask the voluntary associations to carry out this extension of services, and that the only satisfactory method of re-organising and extending the district nursing service was to take it over from the Nursing Associations. This proposal was approved by the Secretary of State, and during the later months of the year negotiations were opened with this object, arrangements being made for the Nursing Associations to act as agents in the interval. While negotiations were being conducted for the acquisition among other assets of the houses belonging to some of the district associations, the County Nursing Association with the aid of accumulated funds acquired and presented to the County Council houses at Annbank, Ochiltree, Girvan, Maidens and Skelmorlie.

The following are particulars of the home nursing work carried out under arrangements made by the Local Health Authority under

Section 25 of the National Health Service (Scotland) Act, 1947, between 5th July, 1948, and the end of the year:—

(i) Number of cases attended by home nurses ...	2,844
(ii) Number of visits paid by nurses to these cases	60,601

5. Domestic Help.

No proposals under Section 28 of the Act, which is optional, were submitted for approval by the end of the year. An existing scheme for the Ardrossan district was continued, and the following statistics apply to it :—

(i) Number of Helps employed at end of year—	
(a) Whole-time	None
(b) Part-time	7
(c) Retaining Fee basis	None
(ii) Number of cases taken during year ...	17
(iii) Average period of assistance	42 days.

6. Vaccination and Immunisation.

Arrangements were made with the medical superintendent of the Central Hospital for him to keep a stock of vaccine lymph, pending the acquisition of a suitable refrigerator for use in the County Buildings. The medical superintendent issued lymph to medical practitioners direct or at the request of the County Medical Officer, to whom he sent a list every month.

The number of vaccinations reported was disappointing, but the amount of lymph issued (1,317 tubes) indicated that the number reported does not represent the number actually carried out. Record cards are issued to doctors with lymph, and it was understood that a fee for every completed card sent to the Medical Officer of Health was to be adjusted between the Department of Health and representatives of the medical profession. This has not yet been done at the time of writing, and until this is done there will be no reliable information as to how many of the population are vaccinated.

Details of vaccinations notified during the period from 5th July to 31st December, 1948, are as follows:—

	<i>Primary Vaccinations.</i>	<i>Re- Vaccinations.</i>
(1) Typical Vaccinia greatest at 7th to 10th Day	419	24
(2) Accelerated (Vaccinoid) Reaction (5th to 7th Day)	5	4
(3) Reaction greatest at 2nd to 3rd Day	—	9
(4) No Local Reaction	56	9
	480	46

Of the 480 who received primary vaccination 455 were children born in 1948.

Prior to the appointed day diphtheria immunisation was carried out both by full-time members of the Public Health Service and by private medical practitioners. The former carried it out at school and at child welfare clinics. Private practitioners were supplied with immunising material on request and record cards. On a child's first birthday information was sent to the parent accompanied with a record card with the child's particulars entered. The mother was told that if she took the card to her doctor he would carry out immunisation free of charge. A fee of five shillings was paid for every completed card returned.

From 5th July the Health Authority was no longer able to pay a fee for immunisation, as it was understood that the practitioners' duties under the National Health Service Act included diphtheria immunisation. It was also understood that the Department of Health were going to adjust with representatives of the medical profession a fee to be paid for every completed record card returned to the Medical Officer of Health. This has

not been done and, therefore, at present complete figures are not available. The evidence of this is from three sources :—

- (a) Health Visitors' reports show that the number of children immunised during their first year is more than twice the number for whom record cards are received.
- (b) Mothers are now circularised at six months and if no record is received by twelve months another circular is sent with a reply-paid post card. A considerable number of such cards on return show that the child has already been inoculated, although we have no record. Some mothers appear to think that a second notice, when she has already taken action, shows negligence on the part of the public health office. No doubt the reason for the non-return of many of these post cards is that the child has already been inoculated.
- (c) Among children entering school at five years of age, according to the statements of the parents, the percentage immunised is up to 85 per cent. in some schools, and invariably higher than our records show.

The following figures of diphtheria immunisation during 1948 are based entirely on records received from the whole-time medical staff and from private practitioners :—

PERIOD FIFTEEN MONTHS TO 31/12/48.

		<i>New Inoculations.</i>	<i>Maintenance Inoculations.</i>
Pre-School Children	...	4379	8
School Children	... ..	1756	8183
TOTALS	... ..	6135	8191

For a number of years material for immunising children against whooping cough has been supplied free of charge to private practitioners and a fee of two shillings and sixpence per injection has been paid in respect of children inoculated during their first

year. The following is a summary of completed records received during 1948 :—

<i>Year of Birth.</i>						<i>Number of Children.</i>
1948	...	...	...	...	...	23
1947	...	...	...	...	...	293
1946	...	...	...	...	...	42
1945	...	...	...	...	...	9
1944	...	...	...	...	...	16
1943	...	...	...	...	...	12
1942	...	...	...	...	...	3
1941	...	...	...	...	...	3
Prior	...	...	...	...	...	Nil
TOTAL						401

7. Prevention of Illness, Care and After Care with Special Reference to Tuberculosis.

Excluding cases temporarily resident in the area, 233 new cases of respiratory tuberculosis and 63 new cases of non-respiratory tuberculosis came under notice during the year.

The detailed report required by the Department of Health is shown in Table IX.

Respiratory Tuberculosis.—Of the 233 new cases of pulmonary tuberculosis 122 were males and 111 were females. During the year 169 or 72·5 per cent. of these cases received institutional treatment. Sixteen cases notified in 1948 died during the year.

Including cases notified in previous years 193 patients were admitted to Hospitals and Homes during 1948 as follows :—

Ayrshire Central Hospital and Glenafton Sanatorium	175
St. Andrew's Home, Millport	2
Heathfield Hospital	15
Robroyston Hospital	1
	<hr/>
	193
	<hr/>

Nine of the patients admitted to Ayrshire Central Hospital were transferred to Hairmyres Hospital.

Of the total deaths 17 or 20·5 per cent. occurred in institutions.

Non-Respiratory Tuberculosis.—The 63 new cases of non-pulmonary tuberculosis are classified as follow, according to the localisation of the disease :—

	<i>No. of Cases.</i>
Superficial Lymphatic Glands	17
Abdomen	4
Bones and Joints (excluding Spine)	13
Spine	9
Skin and Subcutaneous Tissue... ..	—
Meninges	16
Genito-Urinary Organs	4

Of the 63 cases 34 or 54 per cent. received institutional treatment. Eleven of these cases died during the year.

Including cases notified in previous years 40 patients were admitted to Hospitals and Homes during 1948 as follows :—

Ayrshire Central Hospital and Glenafton Sanatorium	16
St. Andrew's Home, Millport	14
Stonehouse Hospital	6
Ballochmyle Hospital	1
Robroyston Hospital	1
Seafeld Hospital	1
Hairmyres	1
	<hr/>
	40
	<hr/>

Of the total deaths 13 or 65 per cent. occurred in institutions.

Arrangements were approved under which the area supervising tuberculosis physician of the Regional Hospital Board acts as tuberculosis officer on behalf of the County Medical Officer. The physician of the Regional Board was formerly in charge of the treatment of pulmonary tuberculosis in the Central Hospital, Irvine, and Glenafton Sanatorium, New Cumnock, with clinics at both. Under the Regional Board this scheme has been extended with the aid of two assistants, both of whom were formerly on the County Council's staff, to include beds at Heathfield Hospital, Ayr, with an out-patient clinic and a clinic at Ballochmyle Hospital at Mauchline. Two health visitors, one of whom was appointed in the beginning of 1949, attend the clinics as required and visit cases in their own homes, reporting to him as tuberculosis officer.

Few cases are notified outright by the medical attendant. The usual procedure is for the latter to ask the Medical Officer

of Health for an examination and report. This request is passed to the tuberculosis officer, who may have received the request in the first instance. The patient is seen at one of the clinics by the tuberculosis officer (or one of his assistants) in his hospital capacity and, if the disease is confirmed, notified in the name of the medical attendant. This procedure works very well and has the result that only confirmed cases of tuberculosis are entered in the notification register.

The proposals approved by the Secretary of State involved the appointment of a welfare officer, and although the post was advertised towards the end of 1948, no appointment was actually made till the beginning of the following year. Often a tuberculosis patient has to lie in bed for weeks or months and there is nothing worse for him than to lie worrying about his family. It is part of the welfare officer's work to try to relieve his mind by seeing that his family obtain the most to which they are entitled from the National Insurance and National Assistance Boards. After the patient's return home it is the business of the welfare officer to assess the financial needs of extra nourishment and again to advise regarding National Assistance allowances. Ultimately she co-operates with the Ministry of Labour regarding his re-habilitation. The ideal is for the man to return to his normal occupation, in which he has the greatest hope of making an adequate living, but where the original employment was very unsuitable, re-settlement in new work may be necessary. Particulars of re-habilitation of cases during 1948 are shown in Table X.

The various housing authorities give a very substantial degree of priority to cases of tuberculosis certified by the Medical Officer of Health to be of communicable type, and before such a certificate is given a report is obtained from the tuberculosis officer (tuberculosis physician).

No occasion has occurred where the use of a garden shelter seemed to be indicated. Indeed, garden shelters appear to have a very limited usefulness. The worst houses often have no garden, only a common back yard. The climate does not lend itself to such aids, particularly in winter, and while fresh air is of benefit to a patient with tuberculosis it is not correct to think that cold is of advantage.

When the Tuberculosis Unit of the Central Hospital was opened in 1943 the opportunity was taken of co-ordinating the work done there with that done at Glengrafton Sanatorium, the medical superintendent of the latter being appointed in medical charge of both. The arrangement was that patients should be admitted in the first instance to the Central Hospital, where their condition could be assessed and the most suitable line of treatment determined. When they reached the ambulant stage they were normally

transferred to Glenafton Sanatorium. The latter, however, also admitted cases direct from the immediate neighbourhood. Dr. J. T. Boyd, Area Supervising Tuberculosis Physician, has supplied the following information regarding work done by him at both institutions during 1948, the first half of the year being under the County Council and the second half under the Regional Hospital Board.

The total number of beds provided for adults is 167—64 females and 30 males at Ayrshire Central Hospital, and 36 females and 37 males at Glenafton Sanatorium. During the year all available beds have been in use.

	<i>Central Hospital.</i>	<i>Glenafton Sanatorium.</i>
Admissions and Discharges for 1948—		
Number of beds	94	73
Number of patients under treatment at 1st January, 1948	90	62
Total number of admissions during the year	165	26
Number of patients transferred from Central Hospital to Glenafton ...	—	109
Number of patients transferred from Heathfield to Glenafton... ..	—	3
Number of patients transferred from Glenafton to Central Hospital ...	6	—
Number of patients transferred from Heathfield to Central Hospital... ..	2	—
Number of patients discharged home during the year	46	138
Number of irregular discharges	3	—
Number of deaths	12	5

Active Treatment—In-Patients—

Artificial Pneumothorax Inductions...	42	4
Artificial Pneumothorax Refills ...	673	441
Thoracoscopy and Adhesion Section...	25	—
Phrenic Operations	89	—
Phrenic Avulsion	2	—
Pneumoperitoneum Inductions ...	71	6
Pneumoperitoneum Refills	1,426	1,032
Empyema drainage followed by radical closure	2	—
Thoracoplasty (at Hairmyres)—		
Stage 1		15
Stage 2		15
Stage 3		—
Revision Thoracoplasty		1

				<i>Central Hospital.</i>	<i>Glenafston Sanatorium.</i>
Other Investigations, etc.—					
Blood Sedimentation Rate	...	...	...	1,290	1,380
Gold Injections	...	...	...	—	—
Laryngeal Swabs	...	...	...	291	193
X-Ray Films taken	...	...	...	4,962	1,134
Screenings	...	...	...	2,568	1,040
Bronchoscopy	...	...	...	7	—
Bronchography	...	...	...	20	—

Results of Treatment—

Condition on Discharge from Hospital—

Quiescent	...	...	...	...	17	106
Improved	...	...	...	...	16	21
Stationery	...	...	...	...	3	2
Worse	...	...	...	...	5	2
Died	...	...	...	...	12	4
Non-Tuberculous	...	...	...	...	5	2

From the above it will be noted that 63 % of the adult cases were considered quiescent on discharge.

Children's Wards, Glenafston—

Number of beds available	...	...	...	...	28
Number in residence at 1/1/48	...	...	...	...	28
Number admitted during year	...	...	...	...	46
Number discharged during year	...	...	...	...	45

Results on Discharge—

Transferred to Millport	...	...	...	...	1
Number well, that is Primary Lesion healed	...	...	...	...	33
Improved	...	...	...	...	1
Stationery	...	...	...	...	1
Non-Tuberculous	...	...	...	...	9
Discharges	...	...	...	...	45

Out-Patient Treatment—

Artificial Pneumothorax Refills	...	2,054	147
Pneumoperitonoum Refills	...	1,423	355
Consultations at Chest Clinic (excluding refill cases)	...	1,493	103

Chest Clinics—*Ayrshire Central Hospital—*

Every Wednesday, 2 p.m.

Every Thursday, 9.30 a.m. (Children).

Every Friday, 9.30 a.m. (Adults, new cases).

Glenafton Sanatorium—

Every Tuesday, 2 p.m.

The actual nursing of cases of tuberculosis at home is carried out by the district nurses, and any necessary nursing equipment is supplied through them. This applies also to other forms of illness.

Beds and bedding were supplied to several cases by the British Red Cross Society.

8. Control of Infectious Diseases.

No major outbreak of notifiable infectious disease occurred, and closure of schools or classes of schools had not to be considered.

(a) Diseases notifiable under the Infectious Disease (Notification) Act, 1889 :—

Smallpox and Cholera.—No case occurred of either disease.

Diphtheria (including Membranous Croup).—The number of cases totalled 17, as compared with 40 during the previous year. For the first year on record there were no deaths. The following are the cases and deaths since 1930 :—

	<i>Cases.</i>	<i>Deaths.</i>		<i>Cases.</i>	<i>Deaths.</i>
1930.....	515	11	1940.....	391	13
1931.....	430	8	1941.....	538	19
1932.....	284	20	1942.....	545	15
1933.....	300	16	1943.....	420	11
1934.....	661	33	1944.....	343	6
1935.....	638	53	1945.....	277	5
1936.....	763	55	1946.....	190	1
1937.....	697	37	1947.....	40	5
1938.....	439	17	1948.....	17	—
1939.....	467	17			

Erysipelas.—The number of cases was 69, as compared with 67 in 1947. There were no deaths.

Scarlet Fever.—There were 472 cases, compared with 291 in the previous year. This was the fourth year in succession in which there were no deaths from scarlet fever.

Typhus Fever.—No case was reported.

Enteric Fever (including Typhoid Fever).—This includes also paratyphoid fevers. There were three cases of enteric fever during the year—two of typhoid and one of paratyphoid.

Relapsing and Continued Fevers.—No case occurred during the year, unless a case of Undulant Fever can be considered as coming within these categories.

Puerperal Fever.—Three cases occurred, none of them being fatal. The following are the cases and deaths since 1930 :—

	<i>Cases.</i>	<i>Deaths.</i>		<i>Cases.</i>	<i>Deaths.</i>
1930.....	13	6	1940.....	9	2
1931.....	32	12	1941.....	8	6
1932.....	21	8	1942.....	15	8
1933.....	17	7	1943.....	20	7
1934.....	17	6	1944.....	21	3
1935.....	12	4	1945.....	23	1
1936.....	15	4	1946.....	9	—
1937.....	14	6	1947.....	8	—
1938.....	8	7	1948.....	3	—
1939.....	7	4			

(b) Diseases notifiable in terms of Regulations of the Department of Health :—

Puerperal Pyrexia.—One non-fatal case occurred. This was the lowest number in any year and compares with 11 in 1947. During the previous fifteen or sixteen years the number varied from 20 to 45. Usually it may be regarded as a milder form of puerperal fever.

Cerebro-Spinal Fever.—Eleven cases occurred, none of them being fatal. Comparing the figures from 1930, this is the first year when there were no deaths from cerebro-spinal fever. The number of cases of the disease increased during the war years, being 161 cases with 32 deaths in 1940, 181 with 20 deaths in 1941, 117 with 22 deaths in 1942, 93 with 13 deaths in 1943, 76 with 6 deaths in 1944, and 51 with 1 death in 1945. In 1946 there were 24 with 4 deaths and in 1937 there were 37 with 9 deaths.

Acute Poliomyelitis.—Six cases came under notice during the year, this being about an average figure. Apart from 87 in 1947, the highest number was 14 in 1941. Otherwise since 1930 the number has varied from 2 to 9, four years being clear of cases.

Encephalitis Lethargica.—No case occurred of this rare disease. The last case notified was in 1934.

Dysentery.—Twelve cases occurred, all bacillary in nature. The number of cases has fallen to normal after an increase during the war years, particularly in 1943, 1944 and 1945, when the numbers were 62, 134 and 110 respectively.

Ophthalmia Neonatorum.—The number of cases was four, in none of whom was there any loss of vision. The number of cases of this disease coming under notice has shown a considerable reduction in recent years. The highest number in any year was 43 in 1933. Up to 1937 the numbers were always in the twenties or thirties; but since that year they have never reached twenty and have reached double figures only on four occasions.

Acute Influenzal and Acute Primary Pneumonia.—The numbers of cases were of the former one and of the latter 264.

Malaria.—Four cases were reported, all in persons returned from the tropics.

Infective Jaundice and Plague.—Neither of these diseases occurred.

Tuberculosis.—Particulars are given under the previous heading.

9. Mental Health Service.

The authorised officers were appointed as approved by the Secretary of State and dealt with 33 admissions to the mental hospital during the latter period of the year.

The other appointments referred to in the proposals were advertised towards the end of the year.

10. Work done under Nurseries and Child Minders' Regulation Act.

The terms of this Act were advertised in the Press by the County Clerk, but no applications for registration were received by the end of the year.

III.—SCHOOL HEALTH SERVICE.

The report regarding school medical inspection and treatment for the session 1948-1949 is printed separately at the end of this report.

IV.—PORT HEALTH ADMINISTRATION.

No special problems arose in connection with the administration of the Port Sanitary Regulations at Ardrossan, Irvine or Troon. None of the three seaports is approved for the issue of deratisation certificates.

At Prestwick Airport the work of Port Medical Officer and of Medical Officer for Aliens was carried out as in the previous year. No special problem arose. During the year 2,918 civil aircraft arrived, an increase of 671 over the previous year. The passengers disembarked totalled 20,996 and 38,398 passengers landed in transit to other places, these figures showing increases of 4,517

and 15,765 respectively over those for 1947. The following details show the wide area from which air traffic comes to Prestwick :—

	<i>Number of Aircraft.</i>	<i>Passengers Disembarking</i>	<i>Passengers in Transit.</i>
<i>Regular Services from—</i>			
New York—U.S.A.— B.O.A.C., K.L.M., S.A.S., A.O.A. ...	852	6,031	12,881
Montreal—Canada— B.O.A.C., T.C.A. ...	534	7,034	200
Amsterdam—Holland— K.L.M. ...	486	2,153	10,554
Stockholm—Sweden— S.A.S. ...	214	1,065	5,578
Copenhagen—Denmark— S.A.S. ...	194	638	3,675
Paris—France— A.F. ...	144	1,004	313
Reykjavik—Iceland— I.A. ...	113	1,389	1,364
Oslo—Norway— D.N.L. ...	105	902	271
Brussels—Belgium— S.A.L. ...	53	189	—
Frankfort—Germany— A.O.A. ...	49	122	1,397
Curacao—Dutch West Indies—K.L.M. *	37	177	937
<i>Casual Arrivals from—</i>			
Jersey—Channel Islands	1	3	—
Dublin—Eire ...	7	57	—
Shannon—Eire ...	3	7	—
Brest—France ...	1	10	—
Marseilles—France ...	1	—	—
Nice—France ...	1	—	—
Geneva—Switzerland ...	2	—	—
Zurich—Switzerland ...	1	—	—
Rome—Italy ...	7	—	171
Milan—Italy ...	1	—	—
Lisbon—Portugal ...	1	21	—
Luxembourg—Luxembourg	5	8	—
Athens—Greece ...	8	12	—
Berlin—Germany ...	26	14	511
Erdin—Germany ...	3	—	—
Fassburg—Germany ...	1	5	—

	<i>Number of Aircraft.</i>	<i>Passengers Disembarking</i>	<i>Passengers in Transit.</i>
<i>Casual Arrivals from</i>			
Hamburg—Germany ...	11	2	218
Kaufbeuren—Germany...	1	12	—
Munich—Germany ...	1	—	56
Rhein-Main—Germany...	3	2	78
Stuttgart—Germany ...	5	3	172
Wensdorf—Germany ...	1	—	6
Wiesbaden—Germany ...	4	14	—
Keflavik—Iceland ...	7	7	—
Meek's Field—Iceland ...	5	—	—
Srvaag—Faroes Islands	1	8	—
Gander—Newfoundland	7	14	2
Sidney—Newfoundland...	1	—	—
Goosebay—Labrador ...	2	—	—
Bermuda—B. West Indies	1	—	—
Baltimore—Maryland,			
U.S.A.	2	49	—
Bangor—Maine, U.S.A....	1	2	—
Chicago—Illinois, U.S.A.	2	15	—
Connecticut—Connecticut,			
U.S.A.	1	—	—
Dallas—Texas, U.S.A. ...	1	—	—
Kansas City—Kansas,			
U.S.A.	1	—	—
Miami—Florida, U.S.A....	1	—	—
Newark—New Jersey,			
U.S.A.	1	—	—
Peterboro'—New Jersey,			
U.S.A.	2	—	—
Algiers—North Africa ...	1	1	—
Johannesburg—South			
Africa	1	—	—
Jedda—Saudi Arabia ...	1	—	4
Calcutta—India	1	—	—
New Delhi—India	1	26	10

Note.—B.O.A.C.—British Overseas Airways Corporation.

T.C.A.—Trans-Canada Airlines.

K.L.M.—Royal Dutch Airlines.

S.A.S.—Scandinavian Airlines System.

A.O.A.—American Overseas Airlines.

A.F.—Air France.

I.A.—Icelandic Airways.

D.N.L.—Norwegian Airlines.

S.A.L.—Sabina Air Lines (Belgian).

V.—FOOD SUPPLY.

1. Milk.

The Sanitary Inspector in his report has given a full account of any action under the Milk (Special Designations) and other Orders and Bye-Laws. The percentage of tubercle free dairy herds increased during the year from 80 to 84 per cent., *i.e.*, 1,412 out of a total of 1,685 herds; the increase in the number of tested herds was 49.

One complaint was received, namely, from Clydebank, regarding the presence of tubercle bacilli in a sample of milk. The facts were reported to the Veterinary Surgeon of the Ministry of Agriculture, who was successful in tracing and dealing with the animal responsible.

2. Ice Cream.

The administration of the Ice Cream Regulations has been fully dealt with by the Sanitary Inspector in his report. No notification was received by an ice cream vendor of the presence of any of the diseases mentioned in the Regulations. Any disease notifiable as an infectious disease would be notified by the medical attendant, but it appears likely that there will be the same experience regarding the conditions, which are not notifiable by the medical attendant, as there has been regarding the similar conditions notifiable by a dairyman under the Dairy Bye-Laws. Only on very rare occasions have such conditions been notified by dairymen.

3. Meat and Other Foods.

This question is dealt with fully by the Sanitary Inspector in his report. He refers to an inquiry made into the use of synthetic fats in food intended for human consumption. He found that this was much more common in the bakery trade than it would be if they received a greater allocation of fats. In this, as in so many matters, the only remedy is the abolition of scarcity.

4. Food Poisoning.

No outbreaks came under notice during the year. Organisms of food poisoning were isolated from three cases in hospital—two sent in as dysentery and one as paratyphoid. None of those cases were associated and no history was obtained of any similar illness among those connected with them.

5. Nutrition.

No direct figures are available from the general population and indirect evidence is all that is available.

For many years one of the most important causes of infantile deaths, particularly of neo-natal deaths, was congenital debility (including "atrophy, debility and marasmus"). There has been a marked decrease in infantile deaths from this cause in recent years, and this is not accounted for by re-classification of such deaths as due to prematurity, because during the same period there has been a decrease, though not so great a decrease, in deaths from this cause also.

During the ten years 1934 to 1943 congenital debility was responsible for an average of 45 infantile deaths every year or an infantile mortality of 11.13 per thousand live births. These figures fell to 19 deaths and a mortality of 4.3 in 1944 and 7 deaths with a mortality of 1.74 in 1945. In 1948 only 3 deaths of infants were due to congenital debility or an infant mortality rate of 0.66 per thousand children born alive. This would appear to indicate improved health and nutrition in expectant mothers.

A comparison of the heights and weights of school children with pre-war figures shows that at 5 to 6 years and 9 to 10 years the present-day boys and girls are both taller and heavier. At higher ages the figures are not strictly comparable, because the ages examined are slightly different, but the indications are that the same holds good for these ages also. The results of medical examination show also that barely half the number show any degree of sub-normal nutrition.

VI.—MISCELLANEOUS.

1. Supervision of Residential Accommodation under the National Assistance Act.

Two cases were reported of old people who were unable to take proper care of themselves and who were living in a state of dirt and neglect. In both cases when representations were made to them relatives took responsibility for the care of the old people, so that compulsory removal to an institution was avoided.

2. Nursing Homes Registration (Scotland) Act.

There were five registered nursing homes which were visited periodically. One has accommodation for 18 medical, surgical or maternity cases; the average number of patients was 14. Two admit chronic sick cases only, having accommodation for 22 and 6 respectively; the average number of cases being 18 and 5. Two take maternity cases only; of these one with five beds had an average of two cases, the other with two beds had no cases during the year and the registration was discontinued.

3. Health Education.

This is carried out by means of leaflets and posters at Child Welfare and other Clinics. In addition special propaganda is carried out with regard to diphtheria immunisation. On an infant reaching six months of age a circular letter is sent to the mother by post drawing her attention to the importance of immunisation, and telling her that this can be carried out by her own doctor free of charge. In the event of no record being received of the immunisation of the child a reminder is sent to the mother at twelve months of age.

VII.—GENERAL SANITATION.

General sanitation is dealt with fully in the Reports of the County Sanitary Inspector and the Sanitary Inspectors of the Burghs of Ardrossan, Cumnock, Darvel, Galston, Girvan, Kilwinning, Largs, Maybole, Newmilns, Prestwick, Stewarton and Troon.

TABLE I.

Births and Deaths in the County and Burghs.

County— Landward	Estimated Population.	Area in Acres.	Live-Births.	Still-Births.	At all Ages.	Deaths at Sub-joined Ages.				Mortality from Sub-joined Causes.																							
						Under 1 Year.	1 and under 5.	5 and under 15.	15 Years and Upwards.	Smallpox.	Diphtheria.	Scarlet Fever.	Typhus Fever.	Enteric & Paratyphoid Fevers.	Measles.	Whooping Cough.	Puerperal Fever.	Other Puerperal Causes.	Diarrhoea.	Other Digestive Diseases.	Tuber- culous Diseases.				Pneumonia.	Diseases of Respiratory System.	Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System.	Violence.	All Other Certified Causes.	Uncertified Causes.
County—	134,367	707,330	2595	70	1383	110	27	19	1227	—	—	—	—	—	3	1	—	1	16	44	45	12	41	65	4	188	188	435	110	212	15		
Burghs—																																	
Ardrossan.....	8,783	730	162	6	90	9	3	—	78	—	—	—	—	—	—	—	—	—	3	4	3	1	4	4	—	18	14	20	7	12	—	—	
Cumnock.....	4,586	259	110	1	50	6	1	2	40	—	—	—	—	—	—	—	—	—	—	1	1	2	7	—	—	6	6	20	—	—	4	1	
Darvel.....	3,373	453	59	1	43	1	—	—	42	—	—	—	—	—	—	—	—	—	—	1	1	—	—	3	—	7	6	21	—	—	5	—	
Glasgow.....	4,837	191	91	3	51	4	3	1	43	—	—	—	—	—	—	—	—	—	—	6	6	1	1	3	4	10	5	17	3	6	—	—	
Girvan.....	6,119	487	126	—	84	6	1	1	76	—	—	—	—	—	—	—	—	—	—	2	2	2	2	3	—	10	13	23	4	20	1	—	
Irvine.....	14,790	1,783	298	7	164	11	2	3	148	—	—	—	—	—	1	1	1	1	—	6	3	1	1	2	9	1	33	21	45	9	27	1	
Kilwinning.....	6,273	440	131	4	59	7	2	—	50	—	—	—	—	—	—	—	—	—	1	3	1	1	2	3	3	6	8	21	3	9	1	—	
Largs.....	7,321	610	105	4	152	3	—	—	149	—	—	—	—	—	—	—	—	—	1	3	1	1	3	—	5	27	29	56	9	13	—	—	
Maybole.....	4,847	392	105	2	59	2	—	1	56	—	—	—	—	—	—	—	—	—	1	4	2	1	1	3	—	10	5	26	1	5	1	—	
Newmilns.....	4,133	636	67	1	48	3	1	—	44	—	—	—	—	—	—	—	—	—	1	1	1	—	1	1	—	5	9	19	—	9	1	—	
Prestwick.....	11,070	1,039	196	4	155	7	—	—	148	—	—	—	—	—	—	—	—	—	1	1	2	—	1	12	2	19	24	60	6	22	—	—	
Saltcoats.....	12,754	464	288	4	130	14	1	4	111	—	—	—	—	—	—	—	—	—	2	5	2	1	5	6	1	29	15	35	6	20	—	—	
Stewarton.....	2,912	381	56	1	37	2	—	—	31	—	—	—	—	—	—	—	—	—	2	1	—	1	2	—	—	5	4	18	1	3	2	—	
Troon.....	9,998	2,995	185	3	118	6	1	—	111	—	—	—	—	—	—	—	—	—	—	7	6	1	3	1	—	19	13	42	7	18	1	—	
County-Landward and Small Burghs	236,763	718,190	4574	111	2623	191	43	32	2357	—	—	—	—	—	6	2	2	2	25	93	83	20	73	121	8	392	360	858	166	385	27	—	

TABLE II.

Density of Population, Birth Rate, Infantile and Other Death Rates.

District.	Persons to the Acre.	Birth Rate.	Deaths under 1 Year of Age per 1,000 Births.	Death Rate per 1,000 from																							
				The Principal Zymotic Diseases.								Maternal Causes.		Digestive Diseases.		Tuberculous Diseases.		Influenza.	Diseases of Respiratory System.	Pneumonia.	Diseases of Circulatory System.	Violence.					
				Smallpox.	Diphtheria and Croup.	Scarlet Fever.	Typhus Fever.	Rubeola and Paratyphoid Fevers.	Cerebro-Spinal Fever.	Measles.	Whooping Cough.	Puerperal Fever.	Other Puerperal Causes.	Diarrhoea.	Other Digestive Diseases.	Pulmonary.	Non-Pulmonary.										
County—	0.19	19.2	42	10.293	—	—	—	—	—	—	—	0.022	0.007	—	0.007	0.119	0.327	0.335	0.089	0.305	0.484	0.030	1.399	1.399	3.237	0.819	
Landward	12.03	18.4	56	10.247	—	—	—	—	—	—	—	—	—	—	—	0.342	0.455	0.342	0.114	0.455	0.455	—	2.049	1.594	2.277	0.797	
Burghs—	17.71	24.0	55	10.903	—	—	—	—	—	—	—	0.436	—	—	—	—	0.218	0.218	0.436	1.526	—	—	1.308	1.308	4.361	—	
Ardsassan	7.45	17.5	17	12.748	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.075	1.778	6.226	—	
Cummock	25.32	18.8	44	10.544	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.067	1.034	3.515	0.620	
Darvel	12.56	20.6	18	13.728	—	—	—	—	—	—	—	—	—	—	—	—	0.413	0.327	0.207	0.020	0.827	—	1.634	1.425	3.739	0.654	
Gauston	8.30	20.1	37	11.089	—	—	—	—	—	—	—	—	—	—	—	—	0.981	0.327	0.327	0.490	—	—	2.232	1.420	3.043	0.609	
Girvan	14.26	20.9	53	9.405	—	—	—	—	—	—	—	—	—	—	—	—	0.406	0.338	0.068	0.135	0.609	0.068	0.956	1.275	3.348	0.478	
Irving	20.762	20.9	53	29.762	—	—	—	—	—	—	—	—	—	—	—	—	0.478	0.159	0.159	0.319	0.478	—	3.088	3.961	7.049	1.229	
Kilwinning	12.00	11.3	29	12.172	—	—	—	—	—	—	—	—	—	—	—	—	0.083	0.820	—	0.273	0.683	—	2.063	1.032	5.364	0.296	
Largs	12.36	21.7	19	11.614	—	—	—	—	—	—	—	—	—	—	—	—	0.206	0.825	0.413	0.206	0.619	—	1.210	1.178	4.537	—	
Maybole	6.50	16.2	45	13.282	—	—	—	—	—	—	—	—	—	—	—	—	0.242	0.484	0.242	—	0.242	—	1.910	2.051	5.141	0.514	
Newmill	11.23	16.8	36	19.193	—	—	—	—	—	—	—	—	—	—	—	—	0.086	0.428	0.171	0.086	1.028	0.171	1.028	2.051	5.141	0.514	
Prestwick	27.49	22.6	49	12.706	—	—	—	—	—	—	—	—	—	—	—	—	0.157	0.157	0.627	0.078	0.392	0.470	2.274	1.170	2.744	0.470	
Saltcoats	7.64	19.2	36	11.802	—	—	—	—	—	—	—	—	—	—	—	—	0.086	—	—	—	0.686	—	1.717	1.374	6.181	0.343	
Stewarton	9.34	18.5	32	—	—	—	—	—	—	—	—	—	—	—	—	—	0.700	0.600	0.100	0.300	0.100	—	1.900	1.300	4.201	0.700	
Troon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
County-Landward and Small Burghs	6.33	19.3	42	11.079	—	—	—	—	—	—	—	0.025	0.008	0.008	0.008	0.106	0.393	0.351	0.084	0.308	0.511	0.034	1.050	1.525	3.624	0.701	

TABLE III.

Deaths at Different Ages and Percentages of Total Deaths.

	<i>Total Deaths.</i>	<i>Deaths under 5.</i>	<i>Deaths 5 and under 15.</i>	<i>Deaths 15 and under 65.</i>	<i>Deaths 65 and Upwards.</i>	<i>Percentage.</i>			
						<i>Under 5</i>	<i>5-15.</i>	<i>15-65.</i>	<i>65 and Upwards.</i>
County—									
Landward.	1383	137	19	506	721	9.9	1.4	36.6	52.1
Burghs—									
Ardrossan.	90	12	...	23	55	13.3	...	25.6	61.1
Cumnock..	50	8	2	14	26	16.0	4.0	28.0	52.0
Darvel....	43	1	...	17	25	2.3	...	39.5	58.2
Galston....	51	7	1	18	25	13.7	2.0	35.3	49.0
Girvan....	84	7	1	33	43	8.3	1.2	39.3	51.2
Irvine.....	164	13	3	67	81	7.9	1.8	40.9	49.4
Kilwinning	59	9	...	19	31	15.3	...	32.2	52.5
Largs.....	152	3	...	43	106	2.0	...	28.3	69.7
Maybole...	59	2	1	15	41	3.4	1.7	25.4	69.5
Newmilns.	48	4	...	12	32	8.3	...	25.0	66.7
Prestwick.	155	7	...	40	108	4.5	...	25.8	69.7
Saltcoats..	130	15	4	46	65	11.5	3.1	35.4	50.0
Stewarton.	37	2	1	10	24	5.4	2.7	27.0	64.9
Troon.....	118	7	...	40	71	5.9	...	33.9	60.2
County— Landward and Small Burghs ...	2623	234	32	903	1454	8.9	1.2	34.4	55.5

TABLE IV.

Infantile Mortality.

(1) CLASSIFIED ACCORDING TO AGE GROUPS :—						<i>Deaths.</i>	<i>Rate per 1,000 Births.</i>
Under 1 Week	...	...	...	...	...	96	21.0
1 Week and under 4 Weeks	...	...	...	...	...	21	4.6
4 Weeks and under 3 Months	...	...	...	...	...	34	7.4
3 Months and under 6 Months	...	...	...	...	...	25	5.5
6 Months and under 12 Months	...	...	...	...	...	15	3.3

(2) CLASSIFIED ACCORDING TO CAUSES OF DEATH.

Chickenpox	...	...	...	...	...	—	—
Measles	...	...	...	...	...	2	0.44
Scarlet Fever	...	...	...	...	...	—	—
Whooping Cough	...	...	...	...	...	1	0.22
Diphtheria and Croup	...	...	...	...	...	—	—
Erysipelas	...	...	...	...	...	—	—
Tuberculous Diseases	...	...	...	...	...	—	—
Meningitis (not Tuberculous)	...	...	...	...	...	—	—
Hydrocephalus	...	...	...	...	...	5	1.09
Convulsions	...	...	...	...	...	7	1.53
Pneumonia (all forms)	...	...	...	...	...	30	6.56
Bronchitis	...	...	...	...	...	1	0.22
Diarrhoea and Enteritis	...	...	...	...	...	13	2.84
Other Digestive Diseases	...	...	...	...	...	7	1.53
Congenital Malformations	...	...	...	...	...	8	1.75
Congenital Heart	...	...	...	...	...	6	1.31
Premature Birth	...	...	...	...	...	54	11.81
Atrophy, Debility and Marasmus	...	...	...	...	...	3	0.66
Atelectasis	...	...	...	...	...	8	1.75
Injury at Birth	...	...	...	...	...	17	3.72
Suffocation (Overlaying)	...	...	...	...	...	1	0.22
Syphilis	...	...	...	...	...	1	0.22
Violence	...	...	...	...	...	9	1.97
All other causes	...	...	...	...	...	18	3.94

TABLE V.

Diseases Confirmed during 1948.

	Smallpox.	Cholera.	Diphtheria and Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Bacterial Fever.	Relapsing Fever.	Continued Fever.	Pneumonia.	Non-Pneumonia.	Puerperal Fever.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Malaria.	Dysentery.	Acute Primary Pneumonia.	Acute Influenzal Pneumonia.	Pneumonia (not otherwise notifiable).	Acute Infective Mononucle.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Whooping Cough.
County—	—	—	8	34	243	—	1	—	—	115	32	2	1	1	3	7	152	—	12	—	3	—	—	6	14
Landward.....	—	—	1	3	49	—	1	—	—	8	3	—	—	1	—	—	18	—	1	—	—	—	—	—	—
Burghs—	—	—	—	2	21	—	—	—	—	2	1	—	—	—	—	—	10	1	2	—	—	—	—	1	4
Ardrossan.....	—	—	—	—	30	—	—	—	—	3	1	—	—	—	—	—	10	—	—	—	—	—	—	—	—
Cunningham.....	—	—	—	8	11	—	—	—	—	1	1	—	—	—	—	2	3	—	—	—	—	—	—	—	—
Darvel.....	—	—	—	—	—	—	—	—	—	9	3	—	—	—	—	—	5	—	—	—	—	—	—	—	—
Galloway.....	—	—	—	3	—	—	—	—	—	14	2	1	—	—	—	—	17	—	—	—	—	—	—	—	—
Girvan.....	—	—	5	11	23	—	—	—	—	7	1	—	—	—	—	—	9	—	—	—	—	—	—	—	—
Irvine.....	—	—	1	—	24	—	—	—	—	9	2	1	—	—	—	—	1	—	—	—	—	—	—	—	—
Kilwinning.....	—	—	—	2	22	—	—	—	—	6	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Largs.....	—	—	—	—	5	—	—	—	—	7	2	—	—	—	—	—	6	—	—	—	—	—	—	—	—
Maybole.....	—	—	—	5	13	—	—	—	—	5	1	—	—	—	—	—	12	—	—	—	—	—	—	—	—
Newmill.....	—	—	—	—	—	—	—	—	—	11	—	—	—	—	—	—	12	—	—	—	—	—	—	—	—
Prestwick.....	—	—	—	7	—	—	1	—	—	20	3	—	—	—	—	1	8	—	5	—	—	—	—	—	—
Saltcoats.....	—	—	—	2	34	—	—	—	—	2	—	—	—	—	—	—	14	—	—	—	—	—	—	—	—
Stewarton.....	—	—	—	9	—	—	—	—	—	14	4	—	—	—	—	2	2	—	3	—	—	—	—	—	—
Troon.....	—	—	2	2	8	—	—	—	—	14	—	—	—	—	—	—	11	—	—	—	—	—	—	—	—
Total Landward and Small Burghs)	—	—	17	69	472	—	3	—	—	233	63	3	1	4	4	12	264	1	24	—	6	—	—	11	23

TABLE VI.

Principal Infectious Diseases Confirmed Monthly in the County and Small Burghs.

<i>Diseases.</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April.</i>	<i>May.</i>	<i>June.</i>	<i>July.</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total Cases.</i>
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria & Membranous Croup	1	1	5	2	2	—	1	—	2	—	—	3	17
Erysipelas	11	8	6	9	3	4	3	7	6	3	5	4	69
Scarlet Fever	47	44	57	37	68	52	35	14	27	28	38	25	472
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid, Paratyphoid, and Continued Fevers ...	—	—	—	—	—	—	1	—	—	1	—	1	3
Puerperal Fever	—	—	—	1	1	—	—	1	—	—	—	—	3
Puerperal Pyrexia	—	—	1	—	—	—	—	—	—	—	—	—	1
Cerebro-Spinal Fever	1	3	1	1	2	—	—	—	—	1	1	1	11
Acute Poliomyelitis	1	—	—	—	—	1	—	1	—	1	1	1	6
Tuberculosis—Pulmonary	19	25	14	24	23	16	12	29	16	18	15	22	233
Non-Pulmonary	2	6	4	8	9	9	4	6	4	4	—	7	63
TOTAL	82	87	88	82	108	82	56	58	55	56	60	64	878

TABLE VII.

Infectious Diseases—Hospitals and Cases Isolated in them—County and Small Burghs.

<i>Hospitals.</i>	<i>Smallpox.</i>	<i>Diphtheria and Membranous Croup.</i>	<i>Erysipelas.</i>	<i>Scarlet Fever.</i>	<i>Acute Polio- myelitis.</i>	<i>Typhoid, Paratyphoid and Continued Fevers.</i>	<i>Puerperal Fever and Puerperal Pyrexia.</i>	<i>Cerebro- Spinal Fever.</i>	<i>Total Admitted</i>
Ayrshire Central	—	15	27	414	6	4	7	10	483
Cumnock	—	—	—	52	—	—	—	—	52
Ayr (Heathfield)	—	3	3	4	—	—	—	1	11
Kilmarnock (Kirklandside)	—	—	1	10	—	—	—	—	11
Totals	—	18	31	480	6	4	7	11	557
Cases in which Diagnosis is Confirmed	—	17	28	462	6	3	3	11	530

TABLE VIII.

INFECTIOUS DISEASES.—Return of Cases of Infectious Diseases during the year ended 31st December, 1948, by Ages.

Disease.	At Age—Years.								Cases Removed to Hospital.	Cases not Removed to Hospital.
	At all Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	
Cerebro-Spinal Fever.....	11	1	8	2	—	—	—	—	—	11
Chickenpox*.....	—	—	—	—	—	—	—	—	—	—
Cholera.....	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)...	17	1	3	11	1	1	—	—	—	17
Diphtheria.....	12	3	5	3	—	—	1	—	—	11
Dysentery.....	—	—	—	—	—	—	—	—	—	—
Enteropneumonitis Typhlogica.....	69	—	—	1	3	11	13	20	12	28
Erysipelas.....	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute Infective.....	4	—	—	—	2	1	1	—	—	4
Malaria.....	—	—	—	—	—	—	—	—	—	—
Measles*.....	1	4	—	—	—	—	—	—	—	4
Ophthalmia Neonatorum.....	—	—	—	—	—	—	—	—	—	—
Plague.....	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal...	1	40	48	42	26	28	18	1	31	190
Pneumonia, Acute Primary.....	264	2	19	3	—	—	—	—	—	23
Pneumonia (not influenza).....	24	2	2	—	1	1	—	—	—	6
Polionomyelitis, Acute.....	6	—	2	—	—	3	—	—	—	2
Puerperal Fever.....	3	—	—	—	—	—	1	—	—	1
Puerperal Pyrexia.....	1	—	133	201	31	12	3	2	—	462
Scarlet Fever.....	472	—	—	—	—	—	—	—	—	10
Smallpox.....	—	—	—	—	—	—	—	—	—	—
Typhoid Fever.....	2	—	—	1	1	—	—	—	—	2
Paratyphoid "A".....	—	—	—	—	—	—	—	—	—	—
Paratyphoid "B".....	1	—	—	1	—	—	—	—	—	1
Typhus Fever.....	—	—	—	—	—	—	—	—	—	—
Whooping Cough*.....	23	6	15	2	—	—	—	—	—	8
Total.....	914	59	233	357	65	57	37	63	43	770
										144

* Not Notifiable

TABLE IX.

TUBERCULOSIS STATISTICAL RETURNS, 1948.

1.—Return of Cases of Tuberculosis Notified during the year.

Number of Cases notified as suffering from Tuberculosis.												Cases notified in a previous year and removed to Hospital for the first time during 1948
Age Groups.												
		Under 1.	1 and under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.	
Respiratory ...	Males ...	—	5	5	9	45	27	27	14	2	134	9
	Females ...	—	7	8	5	51	30	14	2	—	117	15
	Total ...	—	12	13	14	96	57	41	16	2	251	24
Non-Respiratory ...	Males ...	—	8	3	5	13	3	1	—	—	33	1
	Females ...	1	3	4	3	12	5	2	3	—	33	—
	Total ...	1	11	7	8	25	8	3	3	—	66	1
Respiratory and Non-Respiratory	Males ...	—	13	8	14	58	30	28	14	2	167	10
	Females ...	1	10	12	8	63	35	16	5	—	150	15
	Total ...	1	23	20	22	121	65	44	19	2	317	25

TABLE IX.—Continued.
 2.—Return of Cases notified during the year in which Diagnosis of Tuberculosis has been confirmed.

		Number of Cases Diagnosed as Suffering from Tuberculosis.									
		Age Groups.									
		Under 1.	1 and under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.
Respiratory ...	Males ...	—	4	3	8	42	27	25	12	1	122
	Females ...	—	5	6	5	49	30	14	2	—	111
	Total ...	—	9	9	13	91	57	39	14	1	233
Non-Respiratory ...	Males ...	—	7	3	5	12	2	1	—	—	30
	Females ...	1	3	4	3	12	5	2	3	—	33
	Total ...	1	10	7	8	24	7	3	3	—	63
Respiratory and Non-Respiratory	Males ...	—	11	6	13	54	29	26	12	1	152
	Females ...	1	8	10	8	61	35	16	5	—	144
	Total ...	1	19	16	21	115	64	42	17	1	296

TABLE IX.—Continued.

3.—Return showing the Number of Cases with their Home Residence in the Area who received Treatment in Sanatoria or other Institutions during the year ended 31st December, 1948.

		Number of Patients.					
		(a)	(b)	(c)	(d)	(e)	(f)
		In Institutions on 1st January.	Admitted during the year.	Discharged during the year.	Died in the Institutions.†		In Institutions on 31st December.
Respiratory ...	... { ‡Adults ...	54	94	81	10	2	55
	... { Females ...	91	99	100	4	—	80
	... { Males ...	11	22	17	1	—	15
	... { Children ...	9	21	19	—	—	11
Non-Respiratory ...	... { Males ...	7	13	7	3	2	8
	... { Females ...	10	11	6	1	—	14
	... { Males ...	11	12	4	1	4	14
	... { Females ...	8	10	5	1	1	11
Total ...		201	282	239	21	9	214

† Column (d) shows those who were in final residence 28 days or over. Column (e) shows those who were in final residence under 28 days.
‡ All patients of 15 years and upwards classed as Adults.

TABLE IX.—Continued.

4.—Return of Number of Persons Resident in the Area at 31st December, 1948, who were known to be Suffering from Tuberculosis. (Only Cases in which a diagnosis of Tuberculosis has been confirmed have been included. Persons in Sanatoria, etc., are included in the figures for the Area in which they have their Home Residence.)

Number of Cases.											
Age Groups.											
	Under 1.	1 and under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.	
RESPIRATORY. ^a											
1. Sputum or other material examined and Tubercle Bacilli found ...	—	—	—	1	63	60	46	31	2	203	{ Males
2. Sputum or other material examined and Tubercle Bacilli never found ...	—	5	12	9	89	94	30	5	—	220	{ Females
3. Sputum or other material not examined ...	—	8	10	12	101	56	32	22	3	230	{ Males
examined ...	—	8	16	5	4	69	19	7	1	219	{ Females
Total ...	—	21	51	33	349	283	130	65	6	938	{ Males
NON-RESPIRATORY. ^b											{ Females
1. Abdominal ...	—	—	1	3	—	1	—	—	—	5	{ Males
2. Spine ...	—	—	3	7	12	4	—	—	—	6	{ Females
3. Bones and Joints (exclusive of Spine)	—	1	3	—	16	3	4	4	—	21	{ Males
4. Superficial Glands ...	—	—	5	6	7	2	3	2	—	24	{ Females
5. Lupus ...	—	—	2	3	4	—	1	—	—	24	{ Males
6. Other Parts or Organs ...	—	—	5	4	8	4	3	—	—	26	{ Females
Total ...	—	—	—	—	—	—	—	—	—	—	{ Males
RESPIRATORY AND NON-RESPIRATORY Total ...	—	30	75	62	415	304	142	74	6	1108	{ Females

^a Persons suffering from Respiratory and Non-Respiratory Tuberculosis included under "Respiratory" only. No case included more than once.

^b Persons suffering from Multiple Lesions classified according to the site of the Principal Lesion. No case included more than once.

Note.—A patient is retained on the register to the case of Respiratory Tuberculosis for at least five years, and in the case of Non-Respiratory Tuberculosis for at least three years, after complete freedom from symptoms and absence of signs of tuberculosis, except such as are compatible with a healed lesion.

TABLE IX.—Continued.

5.—Return of Number of Persons who died from Tuberculosis in the Area during the year ended 31st December, 1948, with particulars as to the period elapsing between Notification and Death and between Discharge from an Institution and Death.
(Persons Dying in Sanatoria, etc., are included in the figures for the Area in which they had their Home Residence.)

	<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
Number of Persons who Died from Tuberculosis—103.	39	44	15	5
Of whom—				
Not notified or notified only at or after Death	...	...	...	...
Notified less than 1 month before Death	...	...	...	...
Notified from 1 to 3 Months before Death...	5	9	6	2
Notified from 3 to 6 Months before Death...	—	1	4	2
Notified from 6 to 12 Months before Death...	3	2	—	1
Notified from 1 to 2 Years before Death	5	—	—	—
Notified over 2 Years	3	4	2	—
	19	26	3	—
Total	39	44	15	5
Number who Died within 28 days after Discharge from an Institution	1	—	—	—
Number who Died more than 28 days after Discharge from an Institution	17	25	—	—

TABLE X.
REHABILITATION OF TUBERCULOUS PERSONS.

Return for the year ended 31st December, 1948.

	(1)		(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)
	(a)	(b)		Placed in new Employment.							
	Brought forward from previous Periods (N.B.—See Note 6).	No. of Persons who completed Treatment during year ended 30/6/48.	a P.-T., b F., T.	a P.-T., b F., T.	Training under M. of L. and N.S. Rehabilitation Scheme.	Fit for Work but unemployed.	Unfit for Work.	Final Assessment not yet determined.	Died.	Removed from Area or otherwise not Traced.	
(a) Non-Respiratory { Males { Females ...	—	11	—	6	—	—	1	3	—	1	—
	—	6	—	5	—	—	—	—	—	1	—
(b) hRespiratory ("Open ") ... { Males { Females ...	—	26	—	2	—	2	1	13	1	6	1
	2	14	—	5	—	—	—	5	—	4	2
(c) hRespiratory ("Closed ") { Males { Females ...	—	51	—	16	—	13	13	6	2	—	1
	1	81	1	49	—	9	9	5	4	—	3

a P., T.—Part-Time. b P., T.—Full-Time.

h "Open" ... Cases remaining sputum positive at completion of treatment.

h "Closed" ... Cases that have not had a positive sputum or have become sputum negative during treatment.

TABLE XI.
OUTPATIENT CLINICS.

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>	<i>Doctor.</i>	<i>Remarks.</i>
School Clinics—				
Ayr—King Street ...	Every Monday.	3 p.m.	School Medical Officer.	
Dalry—Hlicher Grade School	Every Friday.	2 p.m.	School Medical Officer.	
Glasgow—Henrietta Street ...	Every Thursday.	10 a.m.	School Medical Officer.	
Girvan—Clinic, Wesley Place	Every Monday.	2 p.m.	School Medical Officer.	
Irvine—Waterside Street ...	Every Wednesday.	2 p.m.	School Medical Officer.	
Kilbride—Central School ...	Every Monday.	2 p.m.	School Medical Officer.	
Kilmarnock—Green St. Clinic	Every Wednesday.	10 a.m.	School Medical Officer.	
Maybole—Carrick House ...	Every Friday.	10 a.m.	School Medical Officer.	
Perthwick—Glenburn P.S. ...	Every Friday.	1.30 p.m.	School Medical Officer.	
Saltercoats—Public School ...	Every Tuesday.	10 a.m.	School Medical Officer.	
Troon—Troon Infant School.	Every Friday.	10 a.m.	School Medical Officer.	
Child Welfare Centres—				
Annbank—The Hall... ..	Third Thursday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Ardsassan—Castledraiges,				
Glasgow Street	Third Thursday.	2.15 p.m.	Assistant Medical Officer.	Nurse attends Weekly.
Auchinleck—Town Hall ..	Second Thursday.	2.30 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Beith—Town House... ..	First Tuesday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Catrine—Brown's Institute...	Second Wednesday.	2.30 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Crosshouse—Co-operative Hall	Third Thursday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Cumnock—Millbank... ..	First and Third Wednesdays.	2.30 p.m.	Assistant Medical Officer.	Nurse attends Fortnightly.
Dalmellington—Church Hall.	Fourth Tuesday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Dalry—First-Aid Post, James Street	Third Tuesday.	2 p.m.	Assistant Medical Officer.	Nurse attends Fortnightly.
Darvel—Lesser Town Hall...	Second Thursday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Dreghorn—Clinic (Public Assistance Office)	Third Tuesday.	2 p.m.	Assistant Medical Officer.	Nurse attends Fortnightly.
Glasgow—Henrietta Street ...	Third Thursday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Girvan—Wesley Place	First Tuesday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Hurlford—The Institute ...	Fourth Tuesday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Irvine—Waterside St. Clinic	First and Third Thursdays.	2.30 p.m.	Assistant Medical Officer.	Nurse attends Weekly.
Kilbirnie—Nurses' Home ...	Second Thursday.	2 p.m.	Assistant Medical Officer.	Nurse attends Weekly.
Kilwinning—Parish Chambers	First Tuesday.	2.30 p.m.	Assistant Medical Officer.	Nurse attends Weekly.
Kilmarnock—Kilmarnock Hall	First Thursday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Largs—Red Cross Hut ...	Second and Fourth Mondays.	2 p.m.	Assistant Medical Officer.	Nurse attends Fortnightly.
Lugar—The Institute	Fourth Monday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Mauchline—Parish Church Hall	Second Monday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Maybole—Carrick House ...	Second Tuesday.	2.30 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Muir Kirk—				
Masonie Hall	First Monday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.
Kames Institute	Third Monday.	2 p.m.	Assistant Medical Officer.	Nurse attends Monthly.

TABLE XI.—Continued.

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>	<i>Doctor.</i>	<i>Remarks.</i>
New Cumnock— (Railbank Hall (property of Mr. George Park)... Mansefield Hut, Pathbrae Newmilns—Lady Flora's Inst. Patna—Parish Church Hall... Prestwick—Youth Centre, Templerigg Street Saltcoats—Saltcoats Clinic (Special School) ... Stevenston—War Memorial Institute ... Stewarton—11 The Avenue... Tarbolton—Infant School ... Troon—Tinnion Nursing Home West Kilbride—Masonic Hall	Fourth Thursday. First Thursday. Fourth Thursday. Fourth Thursday. First Tuesday. Second and Fourth Tuesdays. Second Thursday. Fourth Thursday. Fourth Wednesday. Second Tuesday. Fourth Thursday.	2 p.m. 2 p.m. 2 p.m. 2 p.m. 2 p.m. 2.30 p.m. 2 p.m. 2.30 p.m. 2 p.m. 2 p.m. 2 p.m.	Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical	Nurse attends Monthly. Nurse attends Monthly. Nurse attends Monthly. Nurse attends Monthly. Nurse attends Monthly. Nurse attends Weekly. Nurse attends Weekly. Nurse attends Fortnightly. Nurse attends Monthly. Nurse attends Fortnightly. Nurse attends Monthly.
Pre-Natal Clinics— Cumnock—Millbank ... Girvan—Wesley Place ... Irvine—Central Hospital ... Kilbirnie—Nurses' Home ... Largs—Red Cross Hut ... Maybole—Carriek Home ... Saltcoats—School Clinic ... Troon—Tinnion Nursing Home	Every Tuesday. Every Thursday. Mondays and Fridays. Every Friday. Every Monday. Every Thursday. Every Wednesday. Every Tuesday.	2.45 p.m.—1 p.m. 2 p.m.—4 p.m. 2 p.m. 10.30 a.m.—12 noon. 10 a.m.—12 noon. 10.30 a.m.—12 noon. 10.30 a.m. to 12 noon and 1 p.m. to 3 p.m. 9.30 a.m.	Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical Assistant Medical	

COUNTY OF AYR



ANNUAL REPORT

BY THE

School Medical Officer

For the Year ending 31st July, 1949.

**To the Department of Health for Scotland
and to the Ayr County Council.**

LADIES AND GENTLEMEN,

I beg to submit my Annual Report on the work of Medical Inspection and Supervision of School Children in the County of Ayr for the year ending 31st July, 1949.

I have the honour to be,

Your obedient Servant,

C. A. BIGNOLD,

County Medical Officer.

COUNTY BUILDINGS,

AYR, 1949.

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AYR COUNTY COUNCIL—EDUCATION COMMITTEE.

MEDICAL INSPECTION AND TREATMENT.

I.—STAFF.

*Medical Officer of Health and Chief Administrative School
Medical Officer—*

C. A. BIGNOLD, M.A., M.B., Ch.B., B.Sc. (P.H.).

*Assistant School Medical Officers (also Child Welfare Medical
Officers)—*

HELEN M. WIGHTMAN, M.B., Ch.B., D.P.H.

MARGARET C. P. HAMILTON, M.B., Ch.B., D.P.H.

ENID M. DIXON, M.B., Ch.B., D.P.H.

JEAN M. DIXON, M.B., Ch.B., D.P.H.

JESSIE B. MACLACHLAN, M.B., Ch.B., D.P.H.

JAMES MACLACHLAN, M.B., Ch.B., D.P.H.

(Commenced 1/9/48).

(Resigned 16/4/49).

AGNES M. HIGGET, M.B., Ch.B., D.P.H., D.R.C.O.G.

(Commenced 16/5/49).

Chief School Dental Officer—

A. J. DUNCAN, L.D.S.

Assistant School Dental Officers—

P. M. GARDINER, L.D.S.

A. W. M. WATSON, L.D.S.

MISS A. J. PURDIE, L.D.S.

MRS. A. JACKSON, L.D.S.

(Resigned 14/3/49).

M. B. SIMPSON, L.D.S.

MISS C. M. RODGER, L.D.S.

(Commenced 8/11/48).

W. B. HAMILTON, L.D.S.

(Resigned 28/4/49).

J. B. BURNETT, L.D.S.

(Resigned 6/1/49).

R. F. HUNTER, L.D.S.

J. WILSON, L.D.S.

(Resigned 2/3/49).

MRS. A. G. WALKER, L.D.S.

(Resigned 28/4/49).

Audiometrician—

MISS J. S. THOMSON.

School Nurses—

MISS M. D. HOWIE (Ardrossan and Stevenston Parishes)
and 62 Part-time Nurses.

Clerks—

THOMAS N. CRAWFORD.

OLIVER MUIR.

Typists—

MISS K. STEELE.

MISS M. DORRANCE.

Dental Attendants—

MISS M. JOHNSTONE.

MISS J. GRAY.

MISS M. DICKIE.

MISS A. KELSO.

MISS A. BELL.

MISS R. KELSO.

MISS A. MUIR.

MISS M. BANKS.

MISS E. J. MORRISON

MISS M. HENDRY.

(Commenced 8/11/48).

MISS H. TANNAHILL.

MISS M. MCLEAN.

(Commenced 1/8/48).

BURGH OF AYR.

School Medical Officer—

R. L. LEASK, M.B., Ch.B., B.Sc. (P.H.), D.P.H., D.P.A.

Assistant School Medical Officers—

A. F. MCCOUBREY, M.B., Ch.B., D.P.H. (Resigned 4/7/49).

J. S. S. POLLOCK, M.B., Ch.B., D.P.H. (Resigned 15/11/48).

J. M. WALLACE, M.B., Ch.B., D.P.H. D.I.H. (Commenced 4/7/49).

School Nurses—

FIVE PART-TIME NURSES.

Typist—

MISS SHAW.

BURGH OF KILMARNOCK.

School Medical Officer—

B. R. NISBET, M.D., F.R.C.P.(Ed.), D.P.H.

*Assistant School Medical Officers—*C. C. WRIGHT, M.B., Ch.B., D.P.H.
(Resigned 4/9/48).G. MASTERTON, M.B., Ch.B., D.P.H.
(Commenced 1/9/48).
(Resigned 20/7/49).*School Nurses—*

SIX PART-TIME NURSES.

Typist—

MISS E. LOVE.

II.—GENERAL STATISTICS.

Population of the Area	...	...	...	...	...	323,363
Number of Schools—						
(a) Primary Schools under Education Authority	...					94
(b) Secondary Schools under Education Authority	...					59
(c) (i) Special Schools	...	...	...	...	...	3
(ii) Special Classes in Ordinary Schools	...	...				0
(iii) Nursery Schools	...	...	...	...	...	4
(d) In receipt of Grant from Education Authority under Medical Inspection	...	...	...			1
Number of Children on the Registers	...	...				51,029
Number of Children in Average Attendance	...					44,923

III.—SANITARY CONDITIONS OF SCHOOLS.

The Medical Officers on their visits to schools inspect the sanitation and any matters requiring attention are brought to the notice of the appropriate Official.

In general the cleanliness of the schools was found to be satisfactory, but many of the buildings are obsolete and in many re-decoration is necessary. Many of the new school buildings and much re-decoration were interrupted owing to the war, and even yet conditions are not such as to enable normal progress to be made. The raising of the school leaving age strained the existing accommodation to the utmost, and it was necessary to utilise some buildings and halls not intended for Educational purposes.

IV.—ORGANISATION AND TREATMENT.

School Nurses attend at the medical inspection and subsequently are supplied with a list of the cases to be followed up at home. They keep a register compiled from these lists and report where treatment is given and the condition remedied. The School Nurses also visit the schools between the School Medical Officers inspections.

(a) System of School Medical Inspection and Arrangements for Following up.

The pupils examined at routine inspections were :—

- (1) All entrants and children not previously subjected in school to detailed routine inspections.
- (2) Children born in 1939.
- (3) Children born in 1935.
- (4) Children born in 1932.
- (5) Children born in 1941 (visual acuity and hearing only).

Before every routine visit to a school the Head Teacher is asked to produce for special medical examination any pupil who appears to suffer from any physical or mental disability and who has not received or is not receiving appropriate attention.

All children found defective at previous inspections were also re-examined.

Routine and special medical examinations of pupils attending schools in Ayr and Kilmarnock are carried out by the medical staff of the Burghs concerned, who also attend the respective minor ailment clinic and forward to the Chief School Medical Officer particulars regarding any children requiring special medical or educational treatment.

(b) Supervision of Infectious Disease, including School Closure.

As the medical inspection of school children is under the control of the Medical Officer of Health for each area all notifiable cases of infectious disease are known. Where it seems to the Head Teacher that there is any undue incidence of non-notifiable disease he brings the matter to the notice of the School Medical Officer. Disinfection of class-rooms is carried out where indicated. No schools were closed as a result of infectious disease during the session.

(c) Co-ordination with Public Health Service.

In the County Area each Assistant Medical Officer is in charge of the School Health and Child Welfare work in a district, so that the same Medical Officer sees the child from birth to school leaving age. The same arrangement exists in the Burghs of Ayr and Kilmarnock.

(d) Presence of Parents at Inspection.

The presence of parents is encouraged at school medical inspection. Many defects are pointed out to them of which they were previously unaware, and thus the services of the family doctor are solicited earlier than otherwise would have been the case, with more satisfactory results in the way of prevention and cure. The number of parents who attended the routine inspections during the year was 2,971.

V.—THE FINDINGS OF MEDICAL INSPECTION.

(a) Routine.

The number of children examined was 14,217, of whom 4,810 or 33·83 per cent. suffered from some defect. Of these 2,919 or 20·53 of the children examined suffered from minor defects or from ailments from which recovery was expected in a few weeks, and 1,512 or 10·64 suffered from defects less remediable, but from which complete recovery or restoration of function was ultimately anticipated. The number suffering from defects where improvement only could be expected was 379 or 2·66 of those examined.

The following is a summary showing the various defects and the percentage found defective at Routine Inspection.

(1) Clothing.

Sixteen children were found to have unsatisfactory clothing, 0·11 per cent. of the children examined at routine inspections. At special inspections 12 children were found to be unsatisfactorily clothed.

(2) Footgear.

Five children were found to have unsatisfactory footgear, 0·03 per cent. of the children examined at routine inspections. At special inspections 6 children were found to have unsatisfactory footgear.

(3) Cleanliness.

(a) *Head*.—The number of children found at routine inspections to have dirty or verminous head was 520 or 3·65 per cent. of those examined.

(b) *Body*.—The number of children found at routine inspections to have dirty or verminous bodies was 25 or 0·17 per cent.

At special inspections 73 children were found to have a dirty or verminous condition of the head and 17 to have a similar condition of the body.

(4) Skin.

(a) *Head*.—At routine inspections the following were found to be suffering from skin diseases of the head :—

Ringworm ...	...	...	1 child or 0·007 per cent.
Impetigo ...	...	...	10 children or 0·07 per cent.
Other Diseases ...	...	...	39 children or 0·27 per cent.

At special inspections one child was found to be suffering from Ringworm, 11 from Impetigo, and 15 from Other Diseases.

(b) *Body*.—At routine inspections the following skin conditions affecting the body were found :—

Ringworm ...	...	...	5 children or 0·03 per cent.
Impetigo ...	...	...	16 children or 0·11 per cent.
Scabies ...	...	...	32 children or 0·22 per cent.
Other Diseases ...	...	...	127 children or 0·89 per cent.

At special inspections 5 children were found to be suffering from Ringworm, 6 from Impetigo, 16 from Scabies, and 41 from other Skin Diseases.

(5) Nutritional State.

At routine inspections 233 children were found to be suffering from slightly defective nutrition and 11 from bad nutrition, being respectively 1·63 and 0·07 per cent. of the children examined.

At special examinations 27 children were found to be suffering from slightly defective nutrition and 2 from very bad nutrition.

(6) Mouth and Teeth.

At routine medical inspections 543 children were suffering from unhealthy conditions of the mouth and teeth, 3·82 per cent. of the children examined.

At special inspections an unhealthy condition of the mouth and teeth was found in 26 children.

(7) Nasopharynx.

(a) *Nose*.—Apart from cases requiring further observation, 154 children or 1.08 per cent. of those examined showed obstruction, probably due to adenoids requiring operation.

At special examinations 75 cases requiring operation were found.

(b) *Throat*.—Apart from cases requiring further observation, 505 children or 3.55 per cent. of those examined were found to have tonsils which required operative treatment.

At special examinations 85 cases of diseased tonsils requiring operation were found.

(c) *Glands*.—Enlarged Glands requiring further observation were found in 328 or 2.37 per cent. of the children examined, while 7 children or 0.04 per cent. had Glands requiring operation.

In addition 20 children requiring observation and 3 requiring operative treatment were found at special examinations.

(8) Eyes.

Infective conditions of the lids or conjunctiva were found in 110 children or 0.77 per cent. of those examined.

At special examinations 19 were found.

Corneal Opacities were found in 5 or 0.03 per cent. of the children.

Squint affected 333 children or 2.34 per cent. Squint was also found in 75 children brought forward for special examination.

Visual Acuity.—Vision was not examined in entrants. Of those in the other age groups 979 or 10.89 per cent. had defective vision requiring refraction. In addition 6,226 children were examined as "Specials," including the seven-year-old group examined in place of entrants. Of these 706 were found to require refraction.

(9) Ears.

Otorrhoea or discharge from the ears affected 92 children or 0.64 per cent. Discharging ears were found in 38 children examined as "Specials."

Defective hearing was present in 49 children or 0.33 per cent. The majority, 39, were classified in Grade I., Deafness—Children who can be educated in the ordinary school without special provision.

Of the children examined as "Specials" 18 were classed as suffering from Grade I., Deafness, and 1 from Deafness more severe than Grade I.

(10) Speech.

Of the children examined at routine inspections 53 or 0.37 per cent. suffered from defective articulation and 18 or 0.12 per cent. from stammering.

Of children examined as "Specials" 16 showed defective articulation and 5 stammering.

(11) Mental and Nervous Conditions.

At inspections of routine age groups 12 children or 0.08 per cent. were found to be educable mental defectives and no ineducable defectives were found.

Other mental or nervous conditions affected 58 or 0.39 per cent. of the children examined.

At special examinations 4 children were found to be backward, 3 dull intrinsically, 2 mentally defective (educable), 1 mentally defective (ineducable), 2 highly nervous and 2 of difficult behaviour.

(12) Circulatory System.

At routine inspections 40 children were found to be suffering from organic heart disease, comprising 0.27 per cent. of the children examined.

At special examinations 1 case of organic heart disease was found.

(13) Lungs.

The number of children suffering from chronic bronchitis was 85 or 0.59 of those examined at routine inspections.

There were referred to the Tuberculosis Officer as suspected cases of Tuberculosis 9 children or 0.06 per cent.

Other diseases of the Lungs affected 89 children or 0.62 per cent.

Of children examined as "Specials" 10 had Chronic Bronchitis, 2 suspected Tuberculosis and 12 other diseases.

(14) Deformities.

Deformities dating from birth affected 37 children or 0.26 per cent.

Deformities due to Infantile Paralysis affected 16 children or 0.11 per cent.

Deformities due to Rickets affected 47 children or 0.33 per cent.

Deformities due to other causes, for instance accident, affected 101 children or 0.71 per cent.

Children submitted for special examination included 1 case of Congenital Deformity, 4 of Deformities due to Infantile Paralysis, 2 due to Rickets and 12 of Deformities due to other causes (not Rickets).

(15) Infectious Disease.

There were discovered at routine inspections 3 cases of Infectious Disease, 0.02 per cent. of the children examined.

(16) Other Diseases or Defects.

Affected 272 children or 1.91 per cent. of those examined.

(b) Specials.

Of the 6,226 special cases examined 1,063 were found defective, and the following is a list of the defects found :—

(1) Unsatisfactory Clothing	...	...	...	...	...	12
(2) Unsatisfactory Footgear	...	...	...	...	...	6

(3) Cleanliness—

<i>Head</i> —Dirty, Nits or Vermin	...	...	...	73
<i>Body</i> —Dirty, Nits or Vermin	...	...	...	17

(4) Skin—Head—

Ringworm	...	...	...	...	...	1
Impetigo	...	...	...	...	...	11
Other Diseases	...	...	...	...	...	15

Skin—Body—

Ringworm	...	...	...	...	...	5
Impetigo	...	...	...	...	...	6
Scabies	...	...	...	...	...	16
Other Diseases	...	...	...	...	...	41

(5) Nutritional State—

Slightly Defective	...	...	...	...	...	27
Bad	...	...	...	...	...	2

(6) Mouth and Teeth Unhealthy 26**(7) Nose—**

Obstruction requiring observation	...	...	...	51
Obstruction (probable Adenoids) requiring operation	...	...	...	75
Other Conditions	...	...	...	56

Throat—

Tonsils requiring observation	...	...	...	94
Tonsils requiring operative treatment	...	...	...	85

Glands—

Requiring observation	...	...	...	20
Requiring operative treatment	...	...	...	3

(8) Eyes—**External Diseases—**

Blepharitis	...	...	...	...	...	12
Conjunctivitis	...	...	...	...	...	7
Corneal Opacities	...	...	...	...	...	—
Squint	75
Other Diseases	18

Visual Acuity—

Defective Vision (for Refraction)	706
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(9) Ears—

Otorrhoea	38
Other Diseases	11

Defective Hearing—

Grade I....	18
Grade II. (a)	1

(10) Speech—

Defective Articulation	...	...	...	...	...	...	16
Stammering	...	...	...	...	...	...	5

(11) Mental and Nervous Condition—

Backward	...	...	...	...	...	...	4
Dull (Intrinsically)	...	...	...	...	...	...	3
Mental Defective (Educable)	...	...	...	...	...	...	2
Mental Defective (Ineducable)	...	...	...	...	...	...	1
Highly Nervous	...	...	...	...	...	...	2
Difficult Behaviour	...	...	...	...	...	...	2

(12) Circulatory System—**Organic Heart Disease—**

Congenital	...	...	...	...	...	...	—
Acquired	...	...	...	...	...	...	1

(13) Lungs—

Chronic Bronchitis	...	...	...	...	...	...	10
Suspected Tuberculosis	...	...	...	...	...	...	2
Other Diseases	...	...	...	...	...	...	12

(14) Deformities—

Congenital	...	...	...	...	...	...	1
Acquired (Infantile Paralysis)	...	...	...	...	...	...	4
Acquired (probable Rickets)	...	...	...	...	...	...	2
Other Causes	...	...	...	...	...	...	2

(15) Infectious Disease —**(16) Other Diseases or Defects** 134**VI.—ARRANGEMENTS FOR MEDICAL TREATMENT.****(a) Minor Ailments.**

There are School Clinics at Troon, Saltcoats, Kilwinning, Irvine, Maybole, Girvan, Dalry, Kilbirnie, Galston, Prestwick, Ayr and Kilmarnock, carried on by the whole-time Medical Officers. The School Nurses at these Centres assist.

The number of children examined by the medical staff at the Clinics was 7,978, and as several paid recurrent visits there was a total of 11,777 attendances.

- (1) Cuts, Bruises, Sprains and Minor Injuries, etc.—2,068.
- (2) Diseases of the Ear, 277 children, largely cases of Otorrhoea.
- (3) Diseases of the Eye, 333 children, including Conjunctivitis and Blepharitis principally.
- (4) Diseases of the Skin, 617, being in the main Impetigo, Scabies and Eczema.
- (5) Other Diseases, including cases of non-attendance brought to Clinics on recommendation of Attendance Officers—4,688.

(b) Defective Vision and Squint.

The whole-time Medical Officers paid visits to different Centres, where the cases were previously collected for them and arrangements made for their work.

Spectacles were prescribed where necessary. The following is a summary of the cases seen for the period :—

Number of Clinics held ...	...	...	...	...	14
Number of Children Examined	...	...	...	...	170
Number of Children Prescribed Spectacles	...	...	...	...	110

In previous School sessions the School Medical Officers carried out refractions for children attending schools outside the Burghs of Ayr and Kilmarnock, referring to Dr. Tennent, the Part-time Oculist, any cases with which they found difficulty. In Ayr and Kilmarnock all the refraction work was carried on by Dr. Tennent.

This work was greatly affected by the operation of the National Health Service. The School Medical Officers in the month of September attended 14 Clinics, examined 170 children and prescribed spectacles for 110 children. It was found, however, that Opticians were not prepared to dispense spectacles on the former terms, and it was necessary to discontinue this work of the School Medical Officers.

Dr. Tennent, School Oculist, was still able to carry out his work, because his prescriptions were accepted under the National Health Service. His clinics were mainly held in Ayr and Kilmarnock. He also saw at these clinics special cases referred to him from the

County Area. The form of comparison of figures with those of the previous session show that Dr. Tennent did not find it possible to undertake as much work as formerly :—

	1948-49.	1947-48.
Number of Clinics held	63	87
Number of Children Examined ...	878	1,202
Number of Children prescribed Spectacles	475	545

At Seafeld Hospital Dr. Tennent operated on a number of cases of quint and the following is a summary of this work :—

Number of Sessions held	8
Number of Children Operated on	14
Other Eye Operations	15

(c) Nose and Throat (Operative Treatment).

Children suffering from Enlarged Tonsils and Adenoids were operated on at Seafeld Hospital, Ayr. The following shows the number of cases dealt with during the year under review :—

Number of Sessions held	120
Number of Children Operated on	1,880

Ear, Nose and Throat cases of a special nature were seen by Dr. Forbes M. Walker at the Special Clinics held twice weekly at Seafeld Hospital, Ayr, and the following is a summary of the cases dealt with :—

Number of Cases Examined at Special Ear Clinics...	3,880
Number of Cases recommended for Treatment ...	1,319
Number of Cases admitted for Antral Wash-out Treatment	387
Number of Cases Operated on for Mastoiditis ...	26

(d) Orthopaedic and Postural Defects (Specialist Treatment).

Clinics were held at Seafeld Hospital, Ayr, and the following is a summary of the cases dealt with by Mr. Miller :—

Number of Clinics held	42
Number of Children Examined	1,060
Number of Children recommended for Remedial Exercises, etc.—	
Out-Patient	1,515
In-Patient	1,233
Number of Operating Sessions held	10
Number of Children Operated on	45
Number of Children put in Plaster of Paris ...	80

(e) Deformities Treated by Appliances.

Number of Cases so Treated	35
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(f) Audiometric Testing for Defective Hearing.

The Education Authority arranged for the training of one of their Teaching Staff and seconded her for the purpose of Audiometric Testing. The work commenced at the beginning of the school session, the object being to test all children of eight years of age, that is, children born in 1940 as well as children of other age groups brought forward by the teacher as having difficulty in hearing. The scheme is run in close co-operation with the Ear, Nose and Throat Consultant at Seafield Hospital. All children coming within Groups 2 (a) and 2 (b) are subjected to Pure Tone Audiometric Tests at Seafield Hospital, and are seen by the Consultant who arranges to carry out any treatment which he thinks may relieve the condition and at the same time arranges for suitable children to be seen at the Hearing Aid Clinic in Glasgow.

The Electric Audiometer used operated on alternating current. The result was that it was impossible to test children attending most of the schools in Kilmarnock, where the usual type of supply is direct current, or in certain country schools which have no electricity. The total number of children born in 1940 who were excluded on this account was 624.

The following table shows that after Pure Tone Audiometric Testing 276 children were classified as having 2 (a) deafness and 31 as having 2 (b) deafness. All these children were examined and given treatment as required by Dr. Walker, Ear, Nose and Throat Consultant. Some of them are still under treatment. Fifty-two children were referred to the Hearing Aid Clinic at the Ear, Nose and Throat Hospital, Glasgow. Of these, 2 were found to be unsuitable, 3 refused to accept the Hearing Aid, 24 were supplied with a Hearing Aid and 23 were on the waiting list at the end of the session. Of the number supplied with a Hearing Aid 20 derived great benefit, 3 derived some benefit and one does not appear to derive any benefit.

While some of the Grade 2 (b) cases are making some progress in ordinary schools with the help of a Hearing Aid, suitable educational treatment would be of considerable additional benefit. Eleven children are in immediate need of special education, and there are, in addition, 18 whose need is not quite so urgent, but they would also benefit greatly if suitable educational facilities were available. These children come from homes scattered throughout the County.

TABLE SHOWING RESULTS OF AUDIOMETRIC TESTING.

	No. of Children Listed.	No. of Children Tested.	No. of Children Normal.	No. of Children Defective.	Grade.				No. of Children referred to E.N.T. Clinic.	No. of Children referred to Hearing Aid Clinic.	No of Hearing Aids Supplied.
					I.	IIA.	IIB.	III.			
Children Born in 1940 ...	4298	4022 Re-tested (744)	3703 92%	319 8%	229 5.7%	84 2.1%	6 .2%	—	78	5	2
Children of any other Age thought to have a Hearing Defect	778	736 R.-tested (144)	424	312	116	183	13	—	149	23	11

RESULTS OF PURE-TONE AUDIOMETRIC TESTS AT THE EAR, NOSE AND THROAT CLINIC AT SEAFIELD HOSPITAL.

Children Attending E.N.T. Clinic at Seafield Hospital ...	—	422 Re-tested (102)	47	375	62	276	31	6	—	23	11
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The number of children (422) tested at the E.N.T. Clinic at Seafield Hospital includes 207 children referred to the Clinic following the Gramophone Audiometer Test Results in Schools.

VII.—DENTAL INSPECTION AND TREATMENT.

Report by Senior Dental Officer.

The School Dentists devoted 411 half days to schools for the purpose of inspecting children and 2,848 half days to give the necessary dental treatment during the year, while the number of attendances made by children for treatment was 19,200.

It is unfortunate that during the latter part of the session the Dental staff was reduced 50% owing to the attractions offered by private practice under the National Health Service, and to the continued absence of any established National Salary Scale for Public Dental Officers.

The lamentable fact is that the children are the principal sufferers under these conditions, as the absence of adequate dental treatment not only occasions pain and ill health, but also prevents the children from taking advantage of the education provided. It would be comical were it not so tragic that a "Priority" Service should be ignored to the extent that it is almost neglected.

I would like to express appreciation of the assistance and many kindnesses shown by the Headmasters and Teachers who, sometimes, are put to great inconvenience during the visit of the Dentist. The raising of the school leaving age has complicated the vexed problem of accommodation, but the provision of transportable clinics should solve this difficulty to a large extent.

The introduction of the National Health Service under which children may obtain free dental treatment from any private dentist has not made any appreciable difference to the School Dental Service; 60% still express a preference for the School Service.

The shortage of staff means longer intervals between treatments, resulting in more teeth being extracted which otherwise would have been saved. The number of children inspected was only two-thirds the number in the preceding session. In spite of this, it is encouraging to note that the number of permanent teeth filled increased and the number of attendances for treatment rose by almost 2,000.

The following Tables show details of the Inspection and Treatment given :—

TABLE V.

(a) Inspection.

Number of Children Inspected	...	...	...	22,198
Number of Children requiring Treatment	...	...	...	15,266
Number of Children for whom Parents accepted Treatment by School Dentists	...	...	...	8,974
Number of Children not requiring Treatment	...	...	...	6,932
Number of Children for whom Parents stated that they would have Treatment given privately	...	...	...	5,380
Number of Children for whom Parents did not accept Treatment	...	...	...	912
Number of Special and Emergency Cases Inspected	...	...	...	29
Number of Special and Emergency Cases requiring Treatment	...	...	...	29
Number of Special and Emergency Cases accepted Treatment	...	...	...	29

(b) Treatment.

Number of Children Treated	...	...	...	10,089
Number of Extractions (Temporary Teeth)	...	...	...	9,236
Number of Extractions (Permanent Teeth)	...	...	...	1,156
Number of Fillings (Temporary Teeth)	...	...	...	1,030
Number of Fillings (Permanent Teeth)	...	...	...	9,045
Number of Dentures supplied	...	...	...	34
Number of Orthodontics	...	...	...	22
Number of Obturators	...	...	...	1
Number of Acrylic Crowns	...	...	...	4
Number of Acrylic Inlays	...	...	...	2
Number of Root Treatments	...	...	...	24
Number of Scalings	...	...	...	1,619
Number of other Operations (Permanent)	...	...	...	7,547
Number of other Operations (Temporary)	...	...	...	1,989
Number of Special and Emergency Cases Treated	...	...	...	29
Number of Special and Emergency Extractions (Temporary Teeth)	...	...	...	325
Number of Special and Emergency Extractions (Permanent Teeth)	...	...	...	62
Number of General Anaesthetics	...	...	...	52

VIII.—SPECIAL SCHOOLS AND CLASSES, INCLUDING OPEN-AIR SCHOOLS.

(1) St. Leonard's Home Special School, Ayr.

Day pupils are conveyed daily by motor transport from and to their own homes. The number so dealt with is 63, of whom 13 are physically defective children and 50 mentally defective children.

St. Leonard's Home has 12 physically defective children resident, and these are taught in the Physically Defective Classes.

There are thus on the school roll 25 physically defective and 50 mentally defective children.

There are 5 classrooms, viz., 3 for physically defective children and 2 for mental defectives.

(2) Park Special School, Kilmarnock.

There are on the school roll 66 mentally defective children and 34 physically defective children.

There are 5 occupied classrooms, viz., 3 for mental defectives and 2 for physically defective children.

(3) Special School, Saltcoats.

There are on the school roll 37 mentally defective and 2 physically defective children.

There are 3 classrooms, viz., 2 for mental defectives and 1 for physically defective children.

(4) Other Institutions.

At present there are in Institutions:—

Donaldson's School for the Deaf, Edinburgh	...	9
Langside School for the Deaf, Glasgow	... ..	24
St. Vincent's School for the Blind and Deaf, Glasgow	...	7
Royal Blind School, Edinburgh	... ..	5
Colony for Epileptics, Bridge of Weir	... ..	4
Baldovan Institution, Dundee	... ..	1
Waverley Park Certified Institution, Kirkintilloch	...	2
St. Joseph's Certified Institution, Rosewell, Midlothian	...	4
St. Charles' Certified Institution, Carstairs Junction, Lanarkshire	... ..	2
East Park Home for Infirm Children, Largs	...	1
Princess Margaret Rose Hospital, Edinburgh	...	1
Hairmyres Hospital, East Kilbride	... ..	1

Children requiring convalescent treatment are sent to Clark Convalescent Home, Largs. The number of children admitted during the session under review was 181.

Twelve children are also resident in Biggart Home, Prestwick.

The Special Schools at Kilmarnock and Salteoats being provided with a verandah, and the external sides of the classrooms being of the roll-back type, are essentially open-air schools.

IX.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE OF CHILDREN.

(a) Staff and Accommodation.

The Authority employs 62 Specialist Teachers of Physical Education. In Secondary Schools these Teachers have charge of all branches of Physical Education, including Gymnastics, Games, Dancing, Swimming, Athletics and Hygiene. In Primary Schools the aim is that every Class should have one lesson per week from a Specialist Teacher, the remaining Physical Training Lessons being taken by the Class Teachers.

While the majority of schools in the County have indoor accommodation for physical activity (gymnasia, central halls, rented halls, etc.), special attention is given to the provision of an area of the playground suitably surfaced to allow exercise to be taken in the open as often as the vagaries of our climate permit.

(b) Swimming.

By arrangement with Kilmarnock Town Council the local schools have the use of the Corporation Swimming Baths throughout the session. Approximately 1,000 pupils from Primary V. stage upward have a swimming lesson each week, all the year round.

Similar facilities are available at Cumnoek, Prestwick, Troon and Salteoats during the summer term.

(c) Playing Fields.

The County Council, in co-operation with Ardrossan and Saltcoats Town Councils, has just equipped a spacious playing field adjoining Salteoats Golf Course. This is sufficient to give adequate facilities for games to all the schools in the area. Other similar schemes are pending.

(d) Camp Schools and Trek Camps.

During the school year the Education Committee has the use of the Camp School at Broomlee for four months. This allows approximately 2,000 pupils to go into residence for a period of two weeks.

For the month of July selected schools are equipped as Camps, and parties of 20 pupils, aged 12 to 15, escorted by two Teachers, spend a week walking from Camp to Camp, sleeping one night at each. Meals are supplied from County Kitchens. In July, 1949, 900 pupils and 100 teachers took part in this scheme.

All pupils attending Camp School or taking part in Treks are previously examined by the School Medical Staff.

The whole scheme of Physical Education is co-ordinated by the County Organisers of Physical Education.

X.—OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.**Milk and Meals Supplied to School Children.**

The number of children who took advantage of the Milk-in-Schools Scheme was 39,056.

Meals were supplied to 19,607 children, of whom 2,192 were supplied free.

XI.—THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

The following Tables show the number examined and the physical condition of the children under the respective headings :—

TABLE I.**(a) Total Number of Children Examined at—**

							<i>Systematic Examinations.</i>
Ordinary Schools—							
Entrants	...	...	...	...	...	...	5,239
Children Born in 1939	...	...	...	...	...	...	4,438
Children Born in 1935	...	...	...	...	...	...	4,059
Secondary Schools—							
Children Born in 1932	...	...	...	...	...	...	481
Total							<hr/> 14,217 <hr/>

(b) Other Examinations—

Children Born in 1941—

Visual Acuity and Hearing only	...	...	4,292
Special Cases ... ..	...	...	1,934
Re-Examinations—Number Examined	...	...	2,646
Treatment Completed	...	...	1,293
Receiving Treatment	...	...	308
On Waiting List for Treatment	...	...	581
Condition Unchanged—Under Observation	...	...	464
Total	...	...	8,872

(c) The Number of Individual Children Inspected at Systematic Examinations who were Notified to Parents as requiring Treatment :—

Entrants ... ..	...	...	915
Children Born in 1939	...	...	778
Children Born in 1935	...	...	657
Children Born in 1932	...	...	50
Total	...	...	2,400

(d) Average Heights and Weights—

<i>Group Examined.</i>	<i>Sex.</i>	<i>No. Exam.</i>	<i>Average Age Months.</i>	<i>Average Height Inches.</i>	<i>Average Weight Pounds.</i>
Entrants	Male.	2164	64·271	43·281	43·442
	Female	2061	64·192	43·094	42·374
Children Born in 1939	Male	1874	114·689	52·653	65·679
	Female	1766	114·596	52·011	63·508
Children Born in 1935	Male	1751	161·776	59·639	93·109
	Female	1589	161·823	59·716	96·638
Children Born in 1932	Male	175	198·782	66·013	131·792
	Female	178	200·	63·819	121·094

TABLE II.

SCHOOL MEDICAL SERVICE—SYSTEMATIC EXAMINATIONS.

<i>Nature of Defect.</i>	<i>Entrants.</i>		1939		1935		1932		<i>All Ages.</i>		<i>Total at all Ages.</i>
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	
Number Examined	2697	2542	2276	2162	2067	1992	240	241	7280	6937	14,217
1. Clothing—											
Unsatisfactory	6	3	3	4	—	—	—	—	9	7	16
Percentage	0.22	0.11	0.13	0.18	—	—	—	—	0.12	0.10	0.11
2. Footgear—											
Unsatisfactory	2	—	2	1	—	—	—	—	4	1	5
Percentage	0.07	—	0.08	0.04	—	—	—	—	0.05	0.01	0.03
3. Cleanliness—											
Head—											
Dirty, etc.	24	137	10	160	14	169	1	5	49	471	520
Percentage	0.88	5.38	0.43	7.40	0.67	8.48	0.41	2.07	0.67	6.78	3.65
Body—											
Dirty, etc.	5	5	9	2	2	2	—	—	16	9	25
Percentage	0.18	0.19	0.39	0.09	0.09	0.10	—	—	0.21	0.12	0.17

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1939		1935		1932		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
4. Skin—											
Head—											
Ringworm	1
Percentage	0.007
Impetigo...	10
Percentage	0.07
Other Diseases	39
Percentage	0.27
Body—											
Ringworm	5
Percentage	0.03
Impetigo...	16
Percentage	0.11
Scabies	32
Percentage	0.22
Other Disosues	127
Percentage	0.89
5. Nutritional State—											
Slightly Defective...	233
Percentage	1.63
Bad	11
Percentage	0.07

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1939		1935		1932		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
6. Mouth and Teeth—											
Unhealthy ...	142	122	79	82	61	52	4	1	286	257	543
Percentage ...	5.26	4.79	3.47	3.79	2.95	2.61	1.66	0.41	3.92	3.73	3.82
7. Nose—											
Obstruction requiring Observation	95	59	44	19	10	12	2	—	151	90	241
Percentage ...	3.52	2.32	1.93	0.87	0.48	0.60	0.83	—	2.07	1.29	1.69
Obstruction (probably Adenoids)											
requiring Operation ...	48	59	12	17	10	7	1	—	71	83	154
Percentage ...	1.77	2.32	0.52	0.78	0.48	0.35	0.41	—	0.97	1.19	1.08
Other Conditions ...	66	54	38	26	10	6	2	—	116	86	202
Percentage ...	2.44	2.12	1.66	1.20	0.48	0.30	0.83	—	1.59	1.24	1.42
Throat—											
Tonsils requiring Observation ...	309	268	168	191	123	103	3	12	603	574	1177
Percentage ...	11.45	10.54	7.38	8.83	5.95	5.17	1.24	4.97	8.28	8.27	8.27
Tonsils requiring Operative Treatment...	155	146	70	71	30	31	1	1	256	249	505
Percentage ...	5.74	5.74	3.07	3.28	1.45	1.55	0.41	0.41	3.51	3.58	3.55
Glands—											
Requiring Observation ...	123	88	48	29	19	18	2	1	192	131	328
Percentage ...	4.56	3.46	2.10	1.34	0.91	0.90	0.83	0.41	2.63	1.96	2.37
Requiring Operative Treatment	5	—	—	—	—	2	—	—	5	2	7
Percentage ...	0.18	—	—	—	—	0.10	—	—	0.06	0.02	0.04

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1939		1935		1932		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
8 Eyes—											
xternal Diseases—											
Blepharitis ...	17	9	17	23	10	23	1	1	45	56	101
Percentage ...	0.63	0.35	0.74	1.06	0.48	1.15	0.41	0.41	0.61	0.80	0.71
Conjunctivitis ...	5	—	2	—	—	2	—	—	7	2	9
Percentage ...	0.18	—	0.08	—	—	0.10	—	—	0.09	0.02	0.06
Corneal Opacities ...	—	1	2	2	—	—	—	—	2	3	5
Percentage ...	—	0.03	0.08	0.09	—	—	—	—	0.02	0.04	0.03
Squint ...	102	96	34	46	30	25	—	—	166	167	333
Percentage ...	3.77	3.77	1.49	2.12	1.45	1.25	—	—	2.28	2.42	2.34
Other Diseases ...	15	10	5	9	7	6	—	1	27	26	53
Percentage ...	0.55	0.38	0.21	0.41	0.33	0.30	—	0.41	0.37	0.37	0.37
Visual Acuity—											
Number Examined ...	—	—	2276	2162	2067	1992	240	241	4583	4395	8978
Recommended for Refraction—											
Defective Vision—											
Fair ...	—	—	94	106	76	99	8	17	178	222	460
Percentage ...	—	—	4.13	4.89	3.67	4.96	3.33	7.05	3.88	5.05	4.45
Bad ...	—	—	124	138	133	153	31	20	268	311	579
Percentage ...	—	—	5.44	6.38	6.43	7.68	4.58	8.29	5.84	7.07	6.44

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1939		1935		1932		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Number Examined	2697	2542	2276	2162	2067	1992	240	211	7280	6937	14,217
<hr/>											
9 Ears—											
Otorrhoea ...	19	18	14	15	16	9	1	—	50	42	92
Percentage	0.70	0.70	0.61	0.69	0.77	0.45	0.41	—	0.68	0.60	0.64
Other Diseases	5	4	—	3	4	1	1	—	10	8	18
Percentage	0.18	0.15	—	0.13	0.19	0.05	0.41	—	0.13	0.11	0.12
Defective Hearing—											
Grade I. ...	3	6	6	6	10	8	—	—	19	20	39
Percentage	0.11	0.23	0.26	0.27	0.48	0.40	—	—	0.26	0.28	0.27
Grade II. (a)	—	1	—	2	1	1	—	—	1	4	5
Percentage	—	0.03	—	0.09	0.04	0.05	—	—	0.01	0.05	0.03
Grade II. (b)	—	2	1	1	—	1	—	—	1	4	5
Percentage	—	0.07	0.04	0.04	—	0.05	—	—	0.01	0.05	0.03
Grade III.	—	—	—	—	—	—	—	—	—	—	—
Percentage	—	—	—	—	—	—	—	—	—	—	—
<hr/>											
10. Speech—											
Defective Articulation	24	16	5	5	2	1	—	—	31	22	53
Percentage	0.88	0.62	0.21	0.23	0.09	0.05	—	—	0.42	0.31	0.37
Stammering	9	2	2	—	2	1	2	—	15	3	18
Percentage	0.33	0.07	0.08	—	0.09	0.05	0.83	—	0.20	0.04	0.12

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1939		1935		1932		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
11 Mental and Nervous Condition —											
Backward	2	—	3	—	1	—	—	—	6	—	6
Percentage	0.07	—	0.11	—	0.04	—	—	—	0.08	—	0.04
Dull (Intrinsically)	8	3	6	3	3	5	—	—	17	11	28
Percentage	0.29	0.11	0.26	0.13	0.14	0.25	—	—	0.23	0.15	0.19
Mentally Defective (Educable)	1	—	1	1	7	2	—	—	9	3	12
Percentage	0.03	—	0.04	0.04	0.33	0.10	—	—	0.12	0.04	0.08
Mentally Defective (Ineducable)	—	—	—	—	—	—	—	—	—	—	—
Percentage	—	—	—	—	—	—	—	—	—	—	—
Highly Nervous	5	7	5	3	—	1	—	—	10	11	21
Percentage	0.18	0.27	0.21	0.13	—	0.05	—	—	0.13	0.15	0.14
Difficult in Behaviour	—	1	1	—	1	—	—	—	2	1	3
Percentage	—	0.03	0.04	—	0.04	—	—	—	0.02	0.01	0.02
12. Circulatory System —											
Organic Heart Disease—											
Congenital	4	6	6	3	5	3	—	—	15	12	27
Percentage	0.14	0.23	0.26	0.13	0.24	0.15	—	—	0.20	0.17	0.18
Acquired	3	2	2	1	1	4	—	—	6	7	13
Percentage	0.11	0.07	0.08	0.04	0.04	0.20	—	—	0.08	0.10	0.09
Functional Conditions	17	13	13	5	8	10	2	—	40	28	68
Percentage	0.63	0.51	0.57	0.23	0.38	0.50	0.83	—	0.54	0.38	0.47

School Medical Service—Systematic Examinations.—Continued.

Nature of Defect.	Entrants.		1939		1935		1932		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
13. Lungs—											
Chronic Bronchitis	20	21	22	7	6	7	2	—	50	35	85
Percentage	0.73	0.82	0.96	0.32	0.29	0.35	0.83	—	0.68	0.50	0.59
Suspected Tuberculosis	2	—	1	1	4	1	—	—	7	2	9
Percentage	0.07	—	0.04	0.04	0.19	0.05	—	—	0.09	0.02	0.06
Other Diseases	28	17	13	7	15	9	—	—	56	33	89
Percentage	1.03	0.66	0.57	0.32	0.72	0.45	—	—	0.76	0.47	0.62
14. Deformities—											
Congenital	15	5	6	4	2	3	1	1	24	13	37
Percentage	0.55	0.19	0.26	0.18	0.09	0.15	0.41	0.41	0.32	0.19	0.26
Acquired (Infantile Paralysis)	3	4	2	1	2	3	1	—	8	8	16
Percentage	0.11	0.15	0.08	0.04	0.09	0.15	0.41	—	0.10	0.11	0.11
Acquired (probable Rickets)	18	13	7	3	3	1	1	1	29	18	47
Percentage	0.66	0.51	0.30	0.13	0.14	0.05	0.41	0.41	0.39	0.26	0.33
Other Causes	12	7	12	7	33	26	3	1	60	41	101
Percentage	0.44	0.27	0.52	0.32	1.11	1.20	1.24	0.41	0.83	0.58	0.71
15. Infectious Disease											
Percentage	—	1	—	—	1	1	—	—	1	2	3
	—	0.03	—	—	0.04	0.05	—	—	0.01	0.02	0.02
16. Other Diseases or Defects											
Percentage	72	56	46	33	30	29	1	5	149	123	272
	2.66	2.20	2.02	1.52	0.14	1.45	0.41	2.07	2.04	1.77	1.91

TABLE III.—SCHOOL MEDICAL SERVICE—SUMMARY OF SYSTEMATIC EXAMINATIONS.

Entrants.			1939		1935		1932		Total.			
Number Examined			5239		4438		4059		481		14,217	
	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.		
1. Children Free from Defects...	3295	62.89	2891	65.14	2867	70.64	354	73.60	9407	66.17		
2. Children otherwise Free from Defects who Suffer from—												
(a) Defective Vision not worse than 6/12 in the better Eye with or without Glasses or	—	—	211	4.75	207	5.10	42	8.73	460	3.23		
(b) Conditions of the Mouth and Teeth requiring Treatment	168	3.21	101	2.28	39	0.96	3	0.62	311	2.19		
(c) Both (a) and (b)	—	—	1	0.02	—	—	—	—	1	0.007		
Total	168	3.21	313	7.05	246	6.06	45	9.35	772	5.43		
3. Children suffering from ailments (other than those mentioned in 2) from which complete recovery is anticipated within a few weeks ...	1033	19.72	632	14.24	442	10.89	40	8.32	2147	15.10		

TABLE III.—School Medical Service—Summary of Systematic Examinations—Continued.

Number Examined ...	Entrants.		1939		1935		1932		Total.	
	5239		4438		4059		481		14,217	
	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.
4. Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in 2 or 3 distinguishing cases—										
(a) Where complete cure or restoration of function (in the case of eye defect full correction) is considered possible ...	644	12.29	455	10.25	381	9.38	32	6.65	1512	10.64
(b) Where improvement only is considered possible, <i>e.g.</i> , without complete restoration of function ...	99	1.89	147	3.32	123	3.03	10	2.08	379	2.66
Total ...	743	14.18	602	13.57	504	12.41	42	8.73	1891	13.30
Total Number of Children Examined ...	5239	100.00	4438	100.00	4059	100.00	481	100.00	14,217	100.00

TABLE IV.

SCHOOL MEDICAL SERVICE—RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

<i>Disability.</i>					<i>At Ordinary School.</i>	<i>At Special School or Classes.</i>	<i>At No School or Institution.</i>	<i>Total.</i>
1. Blind	...	...	...	...	1	6	1	8
2. Partially Sighted—								
(a) Refraction errors in which the curriculum of an ordinary school would adversely affect the Eye Condition	...	...	...	...	5	1	—	6
(b) Other conditions of the Eye, <i>e.g.</i> , Cataract, Ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	...	...	...	...	58	—	—	58
3. Deaf—								
Grade I.	...	...	...	...	354	—	—	354
Grade II. (a)	...	...	...	...	269	—	—	269
Grade II. (b)	...	...	...	...	19	—	—	19
Grade III.	...	...	...	...	2	40	10	52
4. Defective Speech—								
(a) Defects of Articulation requiring Special Educational Measures	...	...	...	...	117	2	—	119
(b) Stammering requiring Special Educational Measures	...	...	...	...	53	3	—	56

Disability.		At Ordinary School.	At Special School or Classes.	At No School or Institution.	Total.
5. Mentally Defective (Children between 5 and 16 Years)—					
(a)	Educable (I.Q., approx. 50-70) ...	77	162	7	246
(b)	Ineducable (I.Q., generally less than 50) ...	4	2	10	16
6. Epilepsy—					
(a)	Mild and Occasional ...	15	2	—	17
(b)	Severe (suitable for care in a Residential School) ...	3	4	1	8
7. Physically Defective (Children between 5 and 16 Years)—					
(a)	Non-Pulmonary Tuberculosis (excluding Cervical Glands) ...	11	5	—	16
(b)	General Orthopaedic Conditions ...	441	38	26	505
(c)	Organic Heart Disease ...	94	5	2	101
(d)	Other Causes of Ill Health ...	8	39	3	50
8 Multiple Defects*	... ..	5	2	—	7

*The Nature of the Multiple Defects in each of the 7 Cases is as follows :—

- (1) 4 (a) and 7 (b)
- (2) 5 (a) and 6 (b)
- (3) 7 (c) and 7 (d)
- (4) 7 (a) and 7 (b)
- (5) 5 (a) and 4 (b)
- (6) 5 (a) and 7 (c)
- (7) 2 (a) and 7 (b)

